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THE WORK

of the

Edward Sanatorium

Naperville, Illinois

JANUARY 15, 1907 TO JANUARY 1, 1911

INCLUDING THE ANNUAL REPORT

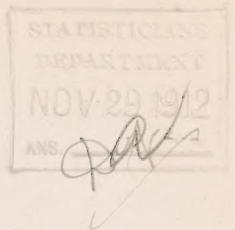
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1910

Founded January 15, 1907

DEPARTMENT CHICAGO TUBERCULOSIS INSTITUTE

APR 30 1962



THE WORK

OF THE

Edward Sanatorium

An Institution for the
Treatment of Incipient Pulmonary Tuberculosis

JANUARY 15, 1907 TO JANUARY 1, 1911

INCLUDING THE ANNUAL REPORT
FOR
1910

FOUNDED JANUARY 15, 1907

NAPERVILLE, ILLINOIS

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INTRODUCTION.

It is opportune, at this stage of the development of the Sanatorium movement in the State of Illinois, to present to the medical profession and the community at large an analysis of results of sanatorium treatment of tuberculosis in our home climate.

This report embodies the results obtained and the lessons learned during the first four years of operation of the Edward Sanatorium, at Naperville, Illinois, the first institution, under Chicago auspices, for the treatment of incipient pulmonary tuberculosis.

The various features of the sanatorium regime and the arrangement of buildings are treated in detail in special chapters, and space is given to the architectural plans of the Medical Building, of the Infirmary and of the sleeping and recreation shacks.

In presenting this information to the public, we hope that (in connection with Reports of other Sanatoria and the valuable publication on "Housing of Consumptives" by the National Association for the Study and Prevention of Tuberculosis) it may be of assistance to those who contemplate the establishment of similar institutions.

Step by step, the city of Chicago as well as the State at large are gradually developing a widespread public interest in the tuberculosis problem and its proper solution and it is hoped that the experiences of the Edward Sanatorium shall further develop and strengthen the conviction of the public as well as of the official bodies that tuberculosis can be successfully treated in our home climate, if treated in a proper way and at a proper time.

THEODORE B. SACHS, M. D.



1. **Service Building** (originally Administration Building.) 2. **Medical Building and Infirmary.** Gift of Mrs. Keith Spalding, the original donor of the Sanatorium to the Chicago Tuberculosis Institute. For description of these buildings see pages 56 to 58. For plans of Medical Building and Infirmary see page 54.

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Report of the Medical Director.

Four years have passed since the establishment of the Edward Sanatorium, at Naperville, Illinois, the first permanent institution of its kind, near Chicago, for the treatment of incipient pulmonary tuberculosis.

The time is opportune for an analysis of the results so far accomplished, not only in reference to the condition of the patients at the time of their discharge but also in reference to the maintenance of their condition and their working capacity, with the progress of time.

The results obtained at the Edward Sanatorium were freely quoted in the last three years' campaign for ample institutional provision for the tuberculous sufferer in our home climate. In the successful fight for the establishment of the Chicago Municipal Sanitarium, the medical statistics of the Naperville Institution, as well as similar institutions in other States, were made the basis of a strong appeal to the community.

Fully cognizant of our duty to the medical profession and the laity, who by studying the results of treatment of tuberculosis under varying conditions, strive at formulation of effective methods of dealing with this disease, we have endeavored to present in this report a conservative estimate of the results obtained at the Edward Sanatorium, from the day of its opening, January 15th, 1907, up to January 1st, 1911.

ADMISSIONS—SUMMARY.

Patients in residence, January 1, 1911	50
Admitted, from January 15, 1907, to January 1, 1911....	406*
Discharged in same period	356
In residence less than one month (results of treatment not classified)	45
Discharged cases, with results of treatment classified in this report	311
Average period of treatment of the 311 classified cases, weeks	16.8
Cases classified for the year 1910 (individual tabulation).	123
Present capacity of the Sanatorium	60
Prospective capacity, with the erection of additional shacks	100

* Of this number three patients were twice at the Sanatorium.

ADMISSIONS CLASSIFIED ACCORDING TO STAGE OF DISEASE.

	Discharged.	In Residence	Total.	Per Cent.
Incipient	225	26	251	61.8
Moderately Advanced	112	22	134	33.
Far Advanced	19	2	21	5.2
Total	356	50	406	100.

The Edward Sanatorium was established for the treatment of tuberculous patients in the *incipient stages* of the disease.

This policy was adhered to in two-thirds of the entire number of cases admitted to the institution in the last four years.

Of the 406 admitted cases, 33 per cent were moderately advanced, presenting on their admission a reasonable prospect of ultimate "arrest."

Under the present conditions, a strict limitation of admissions to the "incipient" class is impossible and unjust for the following obvious reasons:

(1) *Preponderance of moderately advanced cases among applicants for admission to sanatoria.*

The general practitioner is frequently criticised for his failure to detect tuberculosis in the incipient stages and thus furnish sanatoria with the most favorable class of cases. Experience, however, shows that in a large percentage of cases, with a timely diagnosis made by the attending physician, treatment is delayed by (a) the involved deprivation of the family of the earnings of the afflicted member or (b) the unwillingness of the patient and the family to accept the diagnosis of tuberculosis at a time when the general appearance is not markedly suggestive of any serious disturbance of health. The first mentioned condition is one of the chief obstacles to timely treatment of tuberculosis among the working classes.

Further education on the subject of tuberculosis is necessary to make the laity an ally of the medical profession in the present fight against this disease; the absolute necessity of early treatment must become common knowledge; institutional provision must be ample to meet the existing situation in every community; during the period of treatment of their breadwinner, the

family must be provided for out of Workingmen's Insurance or State funds.

(2) *Institutional provision* for tuberculosis cases in Chicago and in Illinois, is so markedly *inadequate* that, for a great many years to come, the rules of admission of any existing institution must necessarily be interpreted in a liberal spirit and always in favor of the patient.

A stricter grouping of various stages of the disease, in separate institutions, can be made possible only by the gradual development of a chain of state, city and private sanatoria.

(3) While it is true that the prospect of ultimate recovery and restoration of working capacity diminishes with the progress of the disease, *a large percentage of moderately advanced cases*, particularly the class characterized by slow progress and good general condition, *respond readily to treatment*.

The reports of the majority of sanatoria for incipient cases, in this country, show a population consisting of about two-thirds incipient cases and one-third moderately advanced.

ADMISSIONS CLASSIFIED ACCORDING TO SEX.

	Male	Female	Total
Discharged	145	211	356
In Residence September 1, 1910	18	32	50
Total	163	243	406
Per cent	40.1	59.9	100.

It is interesting to note that the female sex predominates among the applicants for admission to sanatoria for incipient cases. An explanation of this fact is suggested by the present economic conditions as affecting both sexes; comparatively less hardship being caused by withdrawal of the earnings of a female member of a family, the available family resources frequently remaining sufficient for partial or full support of the afflicted member in an institution.

SOCIAL STATUS.

Single	257 or 63.3 per cent
Married	125 or 30.8 per cent
Widowed	24 or 5.9 per cent

Less difficulty is encountered in arranging sanatorium treatment for single people. Family responsibilities, in the case of married men and women, frequently delay institution of treatment until the case is hopeless; the difficulty increases in propor-

tion to the size of the family in need of mother's care or dependent upon the support of the afflicted breadwinner. Prompt, adequate provision for the dependent family in such cases is very essential to timely institution of treatment and prevention of further infection.

AGES.

	Discharged.	In Residence	Total.	Per Cent.
5 to 10 years	3	0	3	0.7
10 to 15 years	15	0	15	3.7
15 to 20 years	61	6	67	16.5
20 to 30 years	148	27	175	43.1
30 to 40 years	92	11	103	25.4
40 to 50 years	29	5	34	8.4
50 to 60 years	6	1	7	1.7
Over 60 years	2	0	2	0.5
Total	356	50	406	100

85 per cent of the total number of patients admitted to the Edward Sanatorium were between 15 and 40 years of age; 68.5 per cent between 20 and 40 years; 64 per cent under 30 years of age.

Treatment of tuberculous children calls for separate housing and modified regime, with provision for out-door schooling. This is to be borne in mind in the further extension of the present facilities of the Institution.

NATIVITY.

About two-thirds of the patients admitted to the Edward Sanatorium were native born.

United States	262	Denmark	7
Germany	29	Norway	5
Sweden	23	Scotland	2
Ireland	21	France	1
Russia	17	Finland	2
Austria-Hungary	15	Roumania	1
England	9	Iceland	1
Canada	10	Japan	1

Total406

Native born64.5 per cent

Foreign born35.5 per cent

Countries represented16

RESIDENCE.

Chicago furnished 88.9 per cent of the total number of cases; 53.5 per cent of Chicago cases came from the West Side, the industrial section of the City.

	No. of Patients	Per cent	Per cent total
Chicago, North Side...	57	15.8	88.9
South Side...	111	30.7	
West Side...	193	53.5	
	<hr/> 361	<hr/> 100.0	
Illinois (outside of Chi-			
cago)	25		6.2
Kentucky	1		4.9
Michigan	12		
Indiana	3		
Wisconsin	2		
Nebraska	1		
Pennsylvania	1		
	<hr/>		<hr/>
Total	406		100.

OCCUPATION.

Actor	2	Fencemaker	1	Photo Engraver..	1
Agent	3	Fireman	1	Photographer	2
Artist	4	Furrier	1	Physician	1
Baker	3	Gardener	1	Plumber	1
Bartender	1	Governess	1	Policeman	1
Bed Enameler	1	Home, working at..	16	Post Office Clerk...	3
Book Binder	2	Housewife	64	Printer	8
Bricklayer	1	Ironworker	4	School	31
Carpenter	1	Janitor	2	Shoe Operator	1
Carriage Maker ...	1	Laborer	6	Social Worker	1
Car Repairer	1	Laundress	4	Steel Worker	1
Cement Finisher ..	1	Lawyer	1	Stone Carver	1
Cigarmaker	1	Machinist	7	Store Keeper	4
Clerk, Bank	1	Matron	1	Surveyor	1
Clerk, Store	25	Metal Polisher ..	1	Stenographer	23
Clerk, Office	43	Meter Repairer ..	1	Switchman	1
Conductor	2	Milliner	5	Tailor	19
Detective	1	Missionary	1	Teacher	6
Domestic	20	Motorman	1	Telephone Operator	7
Draughtsman	1	Nurse, Practical ...	2	Telegraph Operator.	1
Driver	2	Nurse, Pupil	1	Upholsterer	1
Electrician	2	Nurse, Trained..	11	Waiter	7
Elevator Starter ...	2	Packer	3	Winemaker	1
Engineer	1	Painter	3	Woodworker	1
Errand Boy	1	Patternmaker	1	No Occupation ..	5
Factory—Sundry ..	8	Penmaker	1		
Farmer	3	Pharmacist	2	Total	406

SUMMARY OF OCCUPATIONS.

A.

	Number	Per cent
Housewife .....64}	81	20.
Working at home .....17}		
Office	74	18.2}
Factory	76	18.7}
Store	34	8.4}
School	31	7.6
Profession	33	8.1
Sundry	72	17.8
No Occupation	5	1.2
	<hr/>	<hr/>
Total	406	100.

B.

	Number	Per cent
Indoor Occupations	255	62.8
Outdoor Occupations	34	8.4
Housewife or working at home	81	20.
School	31	7.6
No Occupation	5	1.2
	<hr/>	<hr/>
Total	406	100.

Thus 45.3 per cent of the total number of patients admitted to the Edward Sanatorium, came from offices, stores and factories of the city; the housewives and those working at home constituted 20 per cent; school children 7.6 per cent. Indoor occupations, as it would be expected, predominate, representing 62.8 per cent of the total number.

FINANCIAL STATUS OF THE 406 PATIENTS.

The Edward Sanatorium was established for the treatment of tuberculous patients in moderate circumstances. During the four years of its operation, the number of applications for admission was out of all proportion to the available facilities of the institution. With the absolute lack of provision by the municipality of Chicago and State of Illinois for their tuberculous population, a large number of applicants were of the class, unable, or but partially able, to pay for their maintenance.

With liberal support from various individuals and organ-

izations, a proportion of patients at the Sanatorium were maintained, during the last four years, free or semi-free, as shown in the appended table:

Jan. 15, 1907 to Jan. 15, 1911.		No. of Patients	Total	Per Cent
Pay Patients	.....		161	39.7
Free Patients.				
10 beds at the disposal of the Visiting Nurse Association.				
Maintained by Mrs. Keith Spalding	..	131		
1 Children's Bed.				
Maintained by Elizabeth McCormick Memorial Fund	.....	7		
3 Beds.				
Maintained by Sears, Roebuck & Co., for their employes	.....	12		
1 Bed for Nurses.				
Maintained by the Nurses' Auxiliary of the Chicago Tuberculosis Institute	....	4		
1 Bed.				
Maintained by the Women's Trade Union League of Chicago	.....	1		
Patients maintained by various organizations, United Charities of Chicago, Fraternal Orders, etc	.....	28		
Patients maintained by various individuals		25		
Total	.....		208	51.2
Semi-Free.				
Assisted by various organizations, United Charities, Fraternal Orders, etc.	.....	12		
Assisted by individuals	.....	8		
Assisted through Sanatorium Relief Fund, (Mrs. Louise DeKoven Bowen and Miss Smith of Hull House, chief contributors; contributions from various individuals; fees for special examinations on admission of patients are placed in this fund)	.....	17		
Total	.....		37	9.1
Total	.....		406	100.

The facilities of the institution will be gradually extended to accommodate a larger number of patients able to pay a moderate compensation for their maintenance.

A larger number of endowed and supported beds is greatly needed.

DURATION OF TREATMENT.

A modern Sanatorium has a twofold object to accomplish in each individual case: (1) "cure" or "arrest" of the tuberculous process, (2) restoration of the working capacity.

Absolute rest until subsidence of constitutional disturbance, followed by carefully graduated exercise in the period of convalescence, require a variable number of months, according to the progress of the case.

Individual cases, even belonging to the same group (as "incipient", "moderately advanced", etc.) vary in their response to the same regime. The required period of treatment can be determined only by gradual developments in each individual case.

Unfortunately, various outside factors frequently tend to terminate abruptly a course of treatment that would have otherwise resulted in the ultimate arrest of the disease. Of these, the financial inability to pay the cost of maintenance in a Sanatorium for a long period is a frequent cause of the premature return home; worry over family left to their own resources, home-sickness, utter inability of adjustment to a strict regime, etc., are other causes. The effect of these factors is minimized by an adequate provision for the dependent family and a sanatorium regime producing an atmosphere of contentment.

No applicant for admission to a Sanatorium can be told in advance the required period of treatment in his case.

The duration of treatment of 356 patients, discharged from the Sanatorium since January 15th, 1907, was as follows:

133 patients or 37.3 per cent of the total number	3 months or less
145 patients or 40.8 per cent of the total number	3 to 6 months
30 patients or 8.4 per cent of the total number	6 to 9 months

3 patients or .9 per cent of the total number	9 to 12 months
45 patients or 12.6 per cent (unclassified)	less than 1 month

SUMMARY.

Average period of treatment of 356 discharged cases	15. weeks
Average period of treatment of 311 classified cases	16.8 weeks
Average period of treatment of 199 incipient cases	15.6 weeks
Average period of treatment of 101 moderately advanced cases	19.7 weeks
Average period of treatment of 11 far advanced cases	19.6 weeks
Average period of treatment of 45 unclassified cases	2.4 weeks

SCHEMA OF CLASSIFICATION OF CASES AND RESULTS OF TREATMENT ADOPTED BY THE NATIONAL ASSOCIATION FOR THE STUDY AND PREVENTION OF TUBERCULOSIS.

A.

STAGES.

Incipient.

Slight initial lesion in the form of infiltration limited to the apex of one or both lungs or a small part of one lobe. No tuberculous complications. Slight or no constitutional symptoms (particularly including gastric or intestinal disturbance or rapid loss of weight.) Slight or no elevation of temperature or acceleration of pulse at any time during the twenty four hours, especially after rest. Expectoration usually small in amount or absent. Tubercle bacilli may be present or absent.

Moderately Advanced.

No marked impairment of function either local or constitutional. Localized consolidation moderate in extent with little or no evidence of destruction of tissue; or disseminated fibroid deposits. No serious complications.

Far Advanced.

Marked impairment of function, local and constitutional. Localized consolidation intense; or disseminated areas of softening; or serious complications.

Acute Miliary Tuberculosis.

B.

DEFINITION OF THE EXTENT OF DISEASE IN LUNGS, ACCORDING TO TURBAN.*

I—Slight lesion extending at most to the volume of one lobe or two half lobes.

II—Slight lesion extending further than I, but at most to the volume of two lobes; or severe lesion extending at most to the volume of one lobe.

III—All lesions which in extent of the parts affected exceed II.

"Slight Lesion"—disseminated centres of disease which manifest themselves physically by slight dullness, by harsh, feeble, or broncho-vesicular breathing, and by râles.

"Severe Lesion"—cases of consolidation and excavation such as betray themselves by marked dullness, by tympanitic sounds, by very feeble broncho-vesicular, bronchial, or amphoric breathing, by râles of various kinds.

Purely pleuritic dullness, unless marked, is to be left out of account; if it is serious, the pleurisy must be specially mentioned under the head of "tuberculous complications."

The volume of a single lobe is always regarded as equivalent to the volume of two half lobes, etc.

C.

CLASSIFICATION OF RESULTS OF TREATMENT.

Unimproved:—All essential symptoms and signs unabated or increased.

Improved:—Constitutional symptoms lessened or entirely absent; physical signs improved or unchanged; cough and expectoration with bacilli usually present.

Arrested:—Absence of all constitutional symptoms; expectoration and bacilli may or may not be present; physical signs stationary or retrogressive; the foregoing conditions to have existed for at least two months.

Apparently Cured:—All constitutional symptoms and expectoration with bacilli absent for a period of three months; the physical signs to be those of a healed lesion.

Cured:—All constitutional symptoms and expectoration with bacilli absent for a period of two years under ordinary conditions of life.

*This is used in tabulation of individual cases. See pages 28 to 35.

RESULTS OF TREATMENT AT THE EDWARD SANATOR- IUM, CLASSIFIED ACCORDING TO STAGE OF DISEASE.

(January 15, 1907 to January 1, 1911.)

The stage of disease on admission determines to a great extent the result of treatment in each individual case admitted to a Sanatorium.

The table below shows that 79.9 per cent of all incipient cases, admitted to the Edward Sanatorium in the last four years, were considered either "apparently cured" or "arrested" at the time of their discharge from the institution. Of the moderately advanced cases, 39.6 per cent were considered "arrested." Of the total number of 311 cases, regardless of stage ("incipient" class predominating), 64 per cent were either "apparently cured" or "arrested."

Stage of Disease	Apparently Cured.	Arrested.	Improved.	Unimproved.	Died.	Not Classified. In residence less than one month.	Total.
Incipient	67	92	37	2	1*	..	199
	79.9%						
Moderately Advanced .....	..	40	52	9	..	..	101
	39.6%						
Far Advanced .....	..	..	8	3	..	..	11
Total (Classified)	67	132	97	14	1	..	311
	64%						
Not Classified. In residence less than one month ...	..	..	..	..	..	45	..
Total .....	..	..	..	..	..	..	356

*Cause of death: Malignant Endocarditis

The length of stay in a Sanatorium is another important factor influencing the result of treatment in each individual case.

The table below shows, that of 94 incipient cases treated at the Edward Sanatorium, for a period of 3 months or less, 63.8 per cent were either "apparently cured" or "arrested" at the time of their discharge; while of the 90 incipient cases, treated for a period of 3 to 6 months, "apparent cure" or "arrest" resulted in 94.4 per cent.

The effect of the same factor is shown in the moderately advanced cases; of the 35 cases, with the length of stay of 3 months or less, 17.1 per cent were "arrested"; in the 49 cases, treated from 3 to 6 months, arrest of the tubercular process resulted in 61.2 per cent.

RESULTS OF TREATMENT CLASSIFIED ACCORD- ING TO STAGE OF DISEASE AND LENGTH OF STAY.

a. Incipient.

Months of Treatment.	Apparently Cured.	Arrested.	Improved.	Unimproved.	Died.	Total.
3 months or less	6 6.4% 63.8%	54 57.4%	31	2	1*	94
3 to 6 months .	54 60% 94.4%	31 34.4%	5	..	..	90
Over 6 months .	7	7	1	..	..	15
Total ..	67	92	37	2	1	199

*Cause of death: Malignant Endocarditis

b. Moderately Advanced.

Months of Treatment.	Apparently Cured.	Arrested.	Improved.	Unimproved.	Died.	Total.
3 months or less	... or 17.1%	6 or 17.1%	22	7	..	35
3 to 6 months .	... or 61.2%	30 or 61.2%	17	2	...	49
Over 6 months .	...	4	13	...	...	17
Total ..	...	40	52	9	...	101

c. Far Advanced.

Months of Treatment.	Apparently Cured.	Arrested.	Improved.	Unimproved.	Died.	Total.
3 months or less	3	1	...	4
3 to 6 months	4	2	...	6
Over 6 months	1	...	...	1
Total	8	3	...	11

THE SUBSEQUENT COURSE OF CASES DIS-
CHARGED FROM THE SANATORIUM SINCE
ITS OPENING ON JANUARY 15, 1907—
THEIR PRESENT WORKING
CAPACITY.

The results of sanatorium treatment of tuberculous patients, as shown by their condition, at the time of discharge, are of great value in determining the effect of sanatorium regime; the final judgment, however, rests on the study of "subsequent" results, as shown in the "permanency" of cure or arrest of the disease and in the maintenance of the working capacity.

The majority of patients at the Edward Sanatorium are men and women earning their livelihood by office, clerical, factory or professional work. The terms "apparent cure" or "arrest", in their instance, must embrace restoration of the working power, as well as disappearance or subsidence of symptoms and physical signs.

A permanent loss or a considerable diminution of the earning capacity, in case of a wage-earner, means a standard of life incompatible with future maintenance of health; hence the rapid decline in a large number of such cases on their discharge from a sanatorium.

Early diagnosis and immediate treatment of tuberculosis among working people offers the only chance of permanent "cure" combined with a restored working power.

The subsequent course of cases discharged from the Edward Sanatorium, since its opening on January 15th, 1907, is treated in the following table from the standpoint of their present working capacity.

Stage of Disease on Admission	Condition on Discharge.	Working Capacity Maintained.	Partial Working Capacity.	Condition Stationary or Progressive. Patient at Home or in an Institution. Does not Work.	Dead.	Total.
Incipient	Ap. Cured	67	..	..	..	67
	Arrested	82	4	2	4*	92
	Improved	28	7	2	..	37
	Unimprov.	..	2	..	..	2
	Dead	..	..	..	1**	1
	Total	177	13	4	5	199
	Per Cent	89	6.5	2	2.5	100
Moderately Advanced	Arrested	24	7	3	6	40
	Improved	9	10	17	16	52
	Unimprov.	..	1	4	4	9
	Total	33	18	24	26	101
	Per Cent	32.7	17.8	23.8	25.7	100
Far Advanced	Improved	1	3	3	1	8
	Unimprov.	..	..	3	..	3
	Total	1	3	6	1	11
Subsequent Results Regardless of Stage on Admission		211	34	34	32	311
Per Cent		67.9	10.9	10.9	10.3	100

*Cause of death in one case—chronic endocarditis; pulmonary tuberculosis—cause of death in three.

**Cause of death—malignant endocarditis.

These 311 cases were kept under observation for a time varying from a few months to three years and nine months, from the date of their discharge from the Institution.

The following table gives the periods of observation of the discharged incipient and moderately advanced cases, in which the working capacity was fully restored and is at present maintained.

**Discharged Incipient Cases With Full Working Capacity at Present,
Classified According to the Period of Time
Since Their Discharge.**

Total—177 patients or 89% of treated incipient cases.

- 9 Patients under observation 3 years and over.
- 46 Patients under observation 2 to 3 years.
- 47 Patients under observation 1 to 2 years.
- 75 Patients under observation up to 1 year.

**Discharged Moderately Advanced Cases With Full Working Capacity
at Present, Classified According to the Period of Time
Since Their Discharge.**

Total—33 cases or 32.1% of treated moderately advanced cases.

- 4 Patients under observation 3 years and over.
- 8 Patients under observation 2 to 3 years.
- 10 Patients under observation 1 to 2 years.
- 11 Patients under observation up to 1 year.

The figures bearing on the present working capacity of the 311 discharged patients, are presented with the full appreciation of the fact that (1) recurrence or extension of the tuberculous process, due to preventable or unpreventable conditions, is bound to undermine eventually the working capacity in a varying number of cases, and (2) subsequent supervision and regulation is very essential to maintenance of the condition in which a patient is discharged from the institution.

With the progress of time and the gradual impairment of condition in a certain percentage of cases, particularly the more advanced, a rearrangement of figures in the foregoing table will become necessary.

The observations up to the present date fully illustrate, however, the well known fact that the working capacity of a discharged patient, with an arrested moderately advanced tuberculosis, is more frequently limited than that of an arrested incipient case.

An analysis of the 311 classified cases discharged from the Edward Sanatorium in the last four years shows that of the total number of 199 incipient cases, apparent cure or arrest took

place in 159, or 79.9 per cent, improvement in 37 or 18.6 per cent, while full working capacity is maintained at present in 89 per cent and partial in 6.5 per cent.

Of 101 moderately advanced cases, arrest of the tuberculous process resulted in 40, or 39.6 per cent, improvement in 52, or 51.5 per cent, while full working capacity is maintained at present in only 32.7 per cent and partial in 17.8 per cent of the total.

From the standpoint of medical results as well as the reestablishment of working power of the tuberculous patient, early diagnosis is of utmost importance in each individual case.

OBSERVATION OF DISCHARGED CASES.

As previously stated, the permanency of "cure" or "arrest" of tuberculosis cases depends to a considerable extent on their subsequent effective supervision and regulation. This task naturally falls within the province of the family physician to whom the discharged patient is directed for further advice.

Recognizing the great importance of the family physician as a factor in the crusade against tuberculosis as well as the intimate relation existing between him and the patient, the Edward Sanatorium, since its establishment, had strictly adhered to the following policy: 1. The family physician is urged to visit the Sanatorium during the period of stay of his patient at the institution, to observe the progress of the case and study the sanatorium methods of treatment, the subsequent application of which is so essential to the maintenance of health of the discharged patient; 2, the patient is instructed before leaving the Sanatorium, to consult his family physician from time to time; 3, the medical profession at large is urged to visit the institution and study the system.

EDWARD SANATORIUM
Naperville, Illinois.

SUBSEQUENT HISTORY.

No.	Date	Vol.
Name		
Address.....		
Describe your sleeping quarters (3 lines).....		
Are you employed?.....		
State nature of employment,		
number of working hours and hygienic surroundings (clean-		
liness, light, purity of air, method of ventilation, etc.)—4 lines.		

Number of hours spent daily in the open air.....
 In what way are they spent? (Describe in detail) 2 lines.....
 Hours of arising and retiring.....
 Weight Strength (1½ lines).....
 Fever
 Cough (2 lines)
 Expectoration (character and amount).....
 Hemorrhages
 Chills. Night-sweats
 Appetite
 Digestion
 Pain
 Food, kind and amount in 24 hours (4 lines).....
 Additional Information (4 lines)

Answers received from the former sanatorium patients are supplemented by additional information available through the family physician and the visiting tuberculosis nurse.

With further growth of the Institution and corresponding increase in the number of discharged cases requiring observation, the present coöperation between the Sanatorium and the municipal tuberculosis nursing force will be made more comprehensive in detail.

CONDITIONS OF ADMISSION TO THE SANATORIUM.

CLASS OF CASES.

As stated in a previous chapter, two-thirds of all cases admitted to the Edward Sanatorium, in the last four years, were in the incipient stages of the disease. Exceptions were made in a number of moderately advanced cases, in good general condition and running a chronic course. A certain number of febrile cases presenting a favorable outlook were admitted on trial to the Infirmary.

The policy of the Institution is to admit chiefly incipient cases.

METHOD OF APPLYING FOR ADMISSION.

Applications for admission should be made to the Chicago Tuberculosis Institute, 157 West Adams Street, Chicago. Telephone Main 1466.

All applications are passed upon in Chicago by the Medical Director of the Sanatorium.

Physicians are requested to furnish information in the following blank which is mailed on request:

EDWARD SANATORIUM
Naperville, Illinois.

APPLICATION FOR ADMISSION

Name Address..... Age....
 Sex.....Social Status..... Race.....Birthplace.....
 Occupation ...Duration of Sickness...Unable to work since...
 Financial Status
 Family History (incidence of tuberculosis) 3 lines.....
 Personal History (previous illness, habits, etc.) 3 lines.....
 History of Present Illness (5 lines)
Examination. General Condition.
 Weight—present..... average..... highest..... Height.....
 Temperature (lowest and highest in the last 7 days).....
 Pulse—same
 Cough—character, frequency, etc.....
 Sputum—character and amount in 24 hours.....
 Shortness of breath..... Hoarseness.....
 Pain on swallowing..... Chills..... Sweats.....
 Hemorrhages—amount, dates
 Examination of the heart
 Examination of the Larynx
 Complications
 Examination of the Sputum
 Urinalysis
 Extent of involvement and physical signs. Right Lung (3 lines)
 Left Lung (3 lines)
 Diagnosis. Stage of Disease. Prognosis. (3 lines).....
M. D.
 Address.....
 Date.....

The physical signs should also be recorded on the diagram (see other side). Mail the application to the Chicago Tuberculosis Institute, 157 West Adams St., Chicago.

Admission to the Sanatorium is dependent on the final examination in Chicago. If the case is admissible, all arrangements for transportation, etc., are made by the Central Office, 157 West Adams St., Chicago.

Applicants for admission should under no circumstances undertake the trip to the Sanatorium without the preliminary examination in Chicago.

For information concerning free or semi-free beds see page 13.

The uniform charge to all pay patients is ten dollars a week. In some pay cases requiring special attention an additional fee of five dollars a week is charged.

All patients are on the same basis regardless of financial arrangements.

NECESSARY CLOTHING

The clothing needed by the patient is stated in the following printed list furnished to applicants for admission:

EDWARD SANATORIUM
Naperville, Illinois
NECESSARY CLOTHING.

Bear in mind that you will spend your time out of doors, day and night, while at the Sanatorium.

Clothing Necessary for Both Sexes:

Four sets of warm underwear, heavy sweater, stout high shoes, arctic overshoes, warm mittens or gloves, two flannelette night caps, two pairs bed socks, lambs wool bed shoes, heavy bath robe, two heavy horse blankets, 6 pair woolen stockings; comb, brush and tooth brush. Heavy fleece lined shirts and drawers (men's wear) will be more satisfactory for night wear than gowns or pajamas (for either men or women).

Additional for women: Short heavy skirt, heavy long coat, fascinator or stocking cap, bloomers or tights, warm colored waists, hot water bag.

Additional for men: Heavy suit, heavy overcoat, cap, flannel negligee shirts, hot water bag, shaving outfit.

Please have mustache and beard shaved.

Naperville is thirty miles from Chicago, on the line of the Chicago, Burlington and Quincy Railway. A convenient train leaves the Union Station, corner Adams and Canal Streets, Chicago, at 11 a. m. The Sanatorium is one and one half miles from the Naperville Station. Transportation from the Station to the Sanatorium will be arranged, on application, by the Chicago Tuberculosis Institute.

EAR, NOSE AND THROAT SERVICE.

Periodical examinations of the ear, nose and throat of all patients are an important feature of the medical work of the Institution. The service was established in 1908, with Drs. Elmer L. Kenyon and Daniel B. Hayden of Chicago, in charge of it. From the latter part of 1909 until September 1, 1910, the work was under the supervision of Dr. Elmer L. Kenyon, under whose direction the special Nose and Throat Department in the new Medical Building was arranged and equipped. At present the service is divided between Dr. Kenyon and Dr. George A. Torrison, each visiting the Institution, alternately, once a week. Local treatment necessary in a certain percentage of cases is administered during the week by the Resident Physician, in accordance with the instructions of the Visiting Laryngologist.

The work has three ends in view: (1) Immediate treatment of disease when it is required, and when immediate treatment is likely to be helpful to the general condition of the patient; (2) Instruction of the patient in the hygiene of the nose and throat, and in the need of nose or throat treatment (if any) after active symptoms of tuberculosis have ceased; and (3) the study of certain abnormal conditions of the nose and throat in their relationship to pulmonary tuberculosis. Later a detailed report of the work in this department will be made. The whole number of patients studied in this manner thus far is 225.

LABORATORY.

With the installation of a well equipped laboratory in the Medical Building, a systematic laboratory investigation of each individual case was made a part of the medical routine of the Institution. In the arrangement of the Laboratory the medical management adhered closely to the plans of Dr. Edward C. Rosenow, the Consulting Pathologist of the Sanatorium. No effort was spared to make the laboratory complete in every detail.

In examination of sputum, urine and blood, the following rules are in effect at present:

1. Sputum is examined on admission and once a month during the period of residence. If after three successive examinations at the time of admission, no tubercle bacilli are found, by the sedimentation method, the examination is not re-

peated until the time of discharge or any time during residence when there is indication for it.

In cases running an afternoon or evening temperature above 100°F. and with a leucocyte count above ten thousand, plate cultures are made from washed sputum for the purpose of identifying any secondary infection that may be present.

2. Urine examined on admission and discharge. Special examinations during residence if indicated.

3. Blood examined in all cases where indicated.

The present arrangement will gradually be made more comprehensive in detail.

Dr. Anne J. Murphy, formerly House Physician of the New England Hospital in Boston, has charge of the work.

Dr. Edward C. Rosenow is the Consulting Pathologist.

It is the desire of the Medical Management of the Sanatorium to develop the Laboratory Department in the direction of thorough study of each individual case as well as special research work.

The Laboratory is a recipient of an annual contribution of five hundred dollars from Mr. Julius Rosenwald of Chicago.

TUBERCULIN TREATMENT.

Patients treated in 1907.....	12
Patients treated in 1908.....	32
Patients treated in 1909-10.....	57
Total	101

Tuberculin R was used in 19 cases; Bacillen Emulsion in 27; Tuberculin Denys (Bouillon Filtrate) in 55.

Of the 101 patients, 63 were in the incipient stage of the disease, 37 moderately advanced. Tuberculin was administered by the clinical method (as outlined by Trudeau), with .0000001 cc. as the initial dose and gradual increase, regulated by close observation of temperature and other symptoms.

Only such cases of chronic type were selected as had the benefit of a sufficient period of outdoor treatment; no further improvement taking place, tuberculin was used to supplement the general measures of the Sanatorium regime. Introduction of tuberculin resulted in further improvement in a certain percentage of these cases.

With further observation and accumulation of additional material, an analysis of the tuberculin treated cases will be presented in the annual report of the Institution.

TABULATION OF INDIVIDUAL CASES DISCHARGED FROM EDWARD SANATORIUM JAN. 1, 1910, TO JAN. 1, 1911
(Prepared in accordance with the suggestion of the National Association for the Study and Prevention of Tuberculosis)

No.	Duration of Treatment.	Condition.	Amt. of Involvement (Urban).	Side.	Duration of Disease.	General Condition.	Digestion.	Range of Pulse 7 days on Discharge	Av. Max. Temp. 7 days on admission	T.B. 7 days on Discharge	Complications.		Tuberculin Treatment.	Weight.
											Non-Tuberculous.	Tuberculous.		
194	36 2/7 weeks	On Adm'n On Disch. Re	Mod. Adv. Arrested	I I R L	3 years 3 months	Unfavorable Favorable	Unimpaired Unimpaired	96-110 84-96	101 99	+	0 0	0 0	+	138 168 1/2
213	32 4/7 weeks	A D	Mod. Adv. Arrested	I I L	4 months 11 1/2 months	Favorable Favorable	Unimpaired Unimpaired	98-120 88-108	100 99.2	+	0 0	0 0	+	106 1/2 136 1/2
215	34 weeks	A D	Mod. Adv. Arrested	I I R	10 years 8 1/2 mos.	Favorable Favorable	Unimpaired Unimpaired	72-100 74-96	99 99.2	+	0 0	0 0	..	98 1/2 121 1/4
218	22 weeks	A D	Incipient Ap. Cured	I ..	8 months 1 year 2 months	Favorable Favorable	Unimpaired Unimpaired	96-100 90-96	99.4 99.2	+	Chronic Endocarditis Chronic Endocarditis	0 0	..	126 1/2 136
219	24 6/7 weeks	A D	Incipient Ap. Cured	I R L	6 months 1 year	Favorable Favorable	Unimpaired Unimpaired	84-100 84-96	98.8 98.6	-	0 0	0 0	..	125 141 1/2
222	26 3/7 weeks	A D	Incipient Ap. Cured	I R L	7 months 1 year 1 month	Favorable Favorable	Unimpaired Unimpaired	68-104 72-96	99 98.6	+	0 0	0 0	..	117 154
225	46 1/7 weeks	A D	Far Adv. Improved	I I R	6 months 1 year 5 months	Unfavorable Favorable	Unimpaired Unimpaired	96-124 70-82	99.6 99.6	+	0 0	0 0	+	103 1/2 105 1/4
226	27 weeks	A D	Incipient Improved	I R	4 months 10 1/2 months	Favorable Favorable	Unimpaired Unimpaired	94-124 94-118	101.8 101	+	0 (Multiple Neuritis)	0 0	..	138 155 1/2
229	26 5/7 weeks	A D	Mod. Adv. Improved	I I R L	5 months 11 1/2 months	Unfavorable Favorable	Unimpaired Unimpaired	86-126 96-108	100.8 100	+	0 0	0 0	..	100 1/2 112 1/2
234	38 3/7 weeks	A D	Mod. Adv. Improved	I I R L	2 years 2 years 9 months	Unfavorable Favorable	Unimpaired Unimpaired	80-108 78-100	101 100	+	0 0	0 0	+	120 133
235	27 weeks	A D	Incipient Ap. Cured	I ..	1 year 1 year 6 months	Favorable Favorable	Unimpaired Unimpaired	88-100 82-96	100 99.2	-	0 0	0 0	+	102 115 1/2
239	21 4/7 weeks	A D	Mod. Adv. Improved	I I R	3 1/2 months 8 1/2 months	Favorable Favorable	Unimpaired Unimpaired	94-120 90-120	99.8 100.4	+	0 0	0 0	+	109 1/4 134 1/2
240	23 6/7 weeks	A D	Mod. Adv. Arrested	I I L	6 months 1 year	Favorable Favorable	Unimpaired Unimpaired	60-100 72-96	99 99	+	0 0	0 0	..	138 1/2 154 1/2
241	21 4/7 weeks	A D	Mod. Adv. Improved	I I L R	6 months 11 months	Unfavorable Unfavorable	Unimpaired Unimpaired	96-130 96-110	102 100.4	+	0 0	0 0	+	103 114 1/2

242	21 3,7 weeks	A D	Incipient Ap. Cured	I ..	R ..	6 months 11 months	Favorable Favorable	Unimpaired Unimpaired	80-100 84-96	99.6 99	—	0 0	0 0	112 131½
244	18 weeks	A D	Incipient Arrested	I R	I R	6 years 6 years 4 months	Favorable Favorable	Unimpaired Unimpaired	76-100 84-104	99.6 99.2	—	0 0	Cervical Glands	48½
245	35 1,7 weeks	A D	Mod. Adv. Improved	II II	L L	3 years 3 years 8 months	Unfavorable Unfavorable	Unimpaired Unimpaired	84-120 82-100	100 99.6	+	0 0	Laryngitis Laryngitis	101½ 114
246	17 4,7 weeks	A D	Incipient Arrested	I I	L L	2 months 6 months	Favorable Favorable	Unimpaired Unimpaired	88-112 80-96	99.2 98.6	—	0 0	0 0	126¼ 151
247	23 2,7 weeks	A D	Incipient Improved	I R L I R L	I R L I R L	10 months 1 year 4 months	Favorable Favorable	Unimpaired Unimpaired	96-108 84-108	100 99.8	+	0 0	0 0	115 126½
248	28 3,7 weeks	A D	Incipient Ap. Cured	I ..	R ..	2½ months 9½ months	Favorable Favorable	Unimpaired Unimpaired	96-112 80-90	99.6 98.8	—	0 0	0 0	129½ 157
250	20 6,7 weeks	A D	Far Adv. Improved	III L R III L R	I L R I L R	1 year 7 months 2 years	Favorable Favorable	Impaired Unimpaired	96-134 94-104	101.4 98.6	+	0 0	0 0	147 169½
251	24 1,7 weeks	A D	Mod. Adv. Arrested	II II	L L	6 months 10½ months	Favorable Favorable	Unimpaired Unimpaired	80-124 76-104	99.6 99	+	0 0	0 0	144¾ 145
252	16 5,7 weeks	A D	Incipient Ap. Cured	I ..	R ..	2 months 6 months	Favorable Favorable	Unimpaired Unimpaired	60-120 78-96	99 99	—	0 0	0 0	124¼ 140¼
253	14 3,7 weeks	A D	Incipient Arrested	I L R I L R	I L R I L R	2 years 2 years 3½ mos.	Favorable Favorable	Unimpaired Unimpaired	76-100 76-96	99.6 99.2	—	0 0	0 0	137 165
254	25 weeks	A D	Incipient Ap. Cured	I ..	L ..	3 months 9 months	Favorable Favorable	Unimpaired Unimpaired	64-88 70-80	98.8 98.8	—	0 0	0 0	148¾ 167
255	36 5,7 weeks	A D	Mod. Adv. Improved	II R II R	I R I R	1 year 1 year 8½ mos.	Favorable Favorable	Unimpaired Unimpaired	76-100 76-92	99.6 100	+	0 0	0 0	162½ 166½
259	10 1,7 weeks	A D	Mod. Adv. Unimproved	II R II R	I R I R	1 year 6 months 1 year 8½ mos.	Favorable Favorable	Unimpaired Unimpaired	96-120 96-124	99.8 100.2	+	0 0	0 0	125½ 121½
261	20 weeks	A D	Mod. Adv. Arrested	II R II R	I R I R	1 year 1 year 5 months	Unfavorable Favorable	Unimpaired Unimpaired	108-120 80-100	101.4 99.2	+	0 0	0 0	91¼ 103
262	27 weeks	A D	Far Adv. Improved	III R L III R L	I R L I R L	1 year 6 months 2 years ½ mo.	Unfavorable Favorable	Unimpaired Unimpaired	94-110 80-90	100 99.8	+	0 0	0 0	123¼ 141
263	25 6,7 weeks	A D	Incipient Ap. Cured	I ..	R ..	3 months 9 months	Favorable Favorable	Unimpaired Unimpaired	84-104 70-80	98.8 98.8	—	0 0	0 0	107¼ 132¼
264	19 6,7 weeks	A D	Far Adv. Improved	III L R III L R	I L R I L R	1 year 10 months 2 years 3 months	Unfavorable Unfavorable	Impaired Impaired	92-124 88-124	101 100	+	0 0	Pertoneum Pertoneum	118 111

No.	Duration of Treatment.	Condition.		Side.	Duration of Disease.	General Condition.	Digestion.	Range of Pulse & Temp. during admission	T.B.	Complications.		Tuberculin Treatment.	Weight.
265	36 1/7 weeks	A	Incipient Ap. Cured	I R	1 year 1 year 8 months	Favorable Favorable	Unimpaired Unimpaired	72-100 80-100	98.8 99.4	0 0	Intestine-Ves. Fiss. Improved	+	151 190 1/2
266	14 6/7 weeks	A	Incipient Arrested	I R	1 year 1 year 3 months	Favorable Favorable	Unimpaired Unimpaired	84-96 72-96	99.2 99	0 0	0 0	..	83 3/4 90
267	21 2/7 weeks	A	Incipient Ap. Cured	I R	8 months 13 months	Favorable Favorable	Unimpaired Unimpaired	84-106 84-90	99.8 99.6	0 0	0 0	..	122 136
268	22 6/7 weeks	A	Mod. Adv. Arrested	I L R	3 years 5 1/2 mos.	Favorable Favorable	Unimpaired Unimpaired	76-90 80-90	99.2 99	0 0	0 0	..	108 1/2 140
269	33 4/7 weeks	A	Mod. Adv. Improved	I L R	4 months 1 year	Favorable Favorable	Unimpaired Unimpaired	84-120 80-120	102.4 99.4	0 0	Ischio Rectal Abs. 0	..	112 112 1/2
270	13 4/7 weeks	A	Incipient Arrested	I L R	11 months 1 year 2 months	Favorable Favorable	Unimpaired Unimpaired	84-96 70-96	99.6 99.2	0 0	0 0	..	105 1/2 118 1/2
271	24 weeks	A	Mod. Adv. Improved	I L R	11 months 1 year 3 months	Unfavorable Favorable	Unimpaired Unimpaired	96-108 112-122	99.4 99.2	0 0	0 0	..	88 1/2 89 1/4
272	26 weeks	A	Incipient Ap. Cured	I L	1 year 1 year 6 months	Favorable Favorable	Unimpaired Unimpaired	84-108 74-100	99.4 99.2	0 0	0 0	..	108 1/2 118 1/4
273	12 5/7 weeks	A	Incipient Arrested	I L	3 months 7 months	Favorable Favorable	Unimpaired Unimpaired	80-96 68-88	99 98.6	0 0	0 0	..	114 142
274	23 weeks	A	Incipient Ap. Cured	I R L	2 years 2 years 5 1/4 mos.	Favorable Favorable	Unimpaired Unimpaired	84-106 72-110	99 99.6	0 0	0 0	+	108 122 1/2
275	20 4/7 weeks	A	Incipient Ap. Cured	I L R	3 years 3 years 5 1/4 mos.	Favorable Favorable	Unimpaired Unimpaired	84-120 80-110	99.4 99.6	0 0	0 0	+	107 110 1/2
276	12 4/7 weeks	A	Incipient Arrested	I L	9 months 1 year	Favorable Favorable	Unimpaired Unimpaired	84-100 80-95	99 98.8	0 0	0 0	..	150 168
277	12 weeks	A	Incipient Arrested	I L R	1 year 2 months 1 year 5 months	Favorable Favorable	Unimpaired Unimpaired	92-108 78 100	100 98.8	0 0	0 0	..	141 1/2 161
278	34 5/7 weeks	A	Mod. Adv. Improved	I L R	6 months 1 year 6 months	Favorable Favorable	Unimpaired Unimpaired	72-108 84-92	99 98.6	0 0	0 0	..	117 1/4 136 1/4

279	17 3 7 weeks	A D	Incipient Ap. Cured	I ..	R L ..	4 months 8 months	Unfavorable Favorable	Unimpaired Unimpaired	84-96 72-100	98.6 98.6	— —	O O	— —	O O	100 ^{1/2} 111
280	16 3 7 weeks	A D	Incipient Ap. Cured	I ..	R L ..	3 months 7 months	Favorable Favorable	Unimpaired Unimpaired	72 84 78 84	99 99	— —	O O	— —	O O	144 ^{1/4} 168
*281	2 5 7 weeks	A D	Mod. Adv.	I I	..	..	..	..	..	..	..	..	..	..	..
282	7 5 7 weeks	A D	Incipient Arrested	I I	R L R L	1 year 1 year 2 months	Favorable Favorable	Unimpaired Unimpaired	68-98 80 90	98.6 99	— —	O O	— —	O O	140 ^{1/2} 145
283	16 weeks	A D	Far Adv. Unimproved	I I I I I I	R L R L	1 year 4 months 1 year 8 months	Unfavorable Unfavorable	Unimpaired Unimpaired	80-108 100-130	101 2 101	— —	O O	— —	O Pleurisy with Eff.	120 ^{1/4} 108 ^{3/4}
284	20 6 7 weeks	A D	Incipient Improved	I I	R R	6 months 11 months	Favorable Favorable	Unimpaired Unimpaired	96-112 90-100	100.2 100.6	— —	O O	— —	O O	93 ^{1/2} 95
285	5 5 7 weeks	A D	Incipient Improved	I I	R R	1 year 1 year 1 ^{1/2} mos.	Favorable Favorable	Unimpaired Unimpaired	72-94 72-96	98.8 98.6	— —	O O	— —	O O	121 ^{1/2} 127 ^{1/2}
*286	3 3 7 weeks	A D	Incipient	I	..	..	..	..	..	..	..	..	..	..	..
287	9 6 7 weeks	A D	Incipient Arrested	I I	L L	3 months 5 ^{1/2} months	Favorable Favorable	Unimpaired Unimpaired	84-96 68-80	100 98.6	— —	O O	— —	O O	115 ^{1/2} 120 ^{1/2}
288	17 3 7 weeks	A D	Incipient Ap. Cured	I I	L ..	2 months 6 months	Favorable Favorable	Unimpaired Unimpaired	84 96 72 84	99.6 98.8	— —	O O	— —	O O	149 170
289	9 6 7 weeks	A D	Incipient Arrested	I I	L L	2 months 4 ^{1/2} months	Favorable Favorable	Unimpaired Unimpaired	78-96 78-88	99.6 98.6	— —	O O	— —	O O	107 123 ^{1/2}
290	13 weeks	A D	Mod. Adv. Improved	I I I I	L R L R	5 months 8 months	Unfavorable Unfavorable	Unimpaired Unimpaired	96-108 90-100	100.4 99	— —	O O	— —	O O	93 ^{1/4} 95
291	8 3 7 weeks	A D	Incipient Unimproved	I I	R R	2 months 4 months	Favorable Unfavorable	Unimpaired Unimpaired	72-96 92 110	99 101.4	— —	O O	— —	O Empyema Empyema	150 151 ^{1/2}
292	11 1 7 weeks	A D	Mod. Adv. Arrested	I I I I	R L R L	5 months 7 ^{1/2} months	Unfavorable Favorable	Unimpaired Unimpaired	96 108 72 104	100.6 99.4	— —	O O	— —	O O	104 115
293	4 2 7 weeks	A D	Incipient Improved	I I	L L	1 month 2 months	Favorable Favorable	Unimpaired Unimpaired	84-96 70 80	99 98.8	— —	O O	— —	O O	130 133 ^{1/2}
294	10 6 7 weeks	A D	Incipient Arrested	I I	R L R L	3 months 5 ^{3/4} months	Favorable Favorable	Unimpaired Unimpaired	84-96 80-90	99.2 99	— —	O O	— —	O O	101 ^{1/2} 120
295	15 weeks	A D	Mod. Adv. Improved	I I I I	L R L R	1 year 1 year 4 months	Favorable Favorable	Unimpaired Unimpaired	102-108 80-108	99.6 100.4	— —	O O	— —	O O	137 ^{1/2} 138

*Unclassified.

No.	Duration of Treatment.	Condition.		Side.	Duration of Disease.	General Condition.	Digestion.	Range of Pulse 7 days on admission & 7 days on Discharge		Av. Max. Temp. 7 days on Discharge	T.B.	Complications.		Tuberculin Treatment.	Weight.
				Amt. of Involvement (Tuberc.)								Non-Tuberculous.	Tuberculous.		
296	11 weeks	A D	Incipient Arrested	I R	3 months 5½ months	Favorable Favorable	Unimpaired Unimpaired	80-94 80-94	98 99	+	+	0 0	0 0	..	148 166
297	12 2 7 weeks	A D	Incipient Arrested	I R	6 months 9 months	Favorable Favorable	Unimpaired Unimpaired	62-96 72-82	98.2 98.2	-	-	0 0	0 0	..	106½ 118
298	13 weeks	A D	Incipient Arrested	I R	3 months 6 months	Favorable Favorable	Unimpaired Unimpaired	96-140 74-94	100.6 98.8	+	+	0 0	0 0	..	107 130½
299	17 weeks	A D	Mod. Adv. Unimproved	I L	1 year 1 year 4 months	Favorable Favorable	Unimpaired Unimpaired	84-108 78-110	99.6 100.4	+	+	0 0	0 0	..	139 135½
300	24 6 7 weeks	A D	Incipient Arrested	I R	1 year 1 year 6 months	Favorable Favorable	Unimpaired Unimpaired	72-86 94-106	99.2 99.6	-	-	0 0	0 0	..	116 116
301	6 4 7 weeks	A D	Mod. Adv. Improved	I R	2 years 2 years 2 months	Unfavorable Unfavorable	Unimpaired Unimpaired	82-104 90-104	99.8 98.6	+	+	0 0	0 0	..	103 104½
302	13 5 7 weeks	A D	Mod. Adv. Improved	I R	1 year 1 year 3 months	Favorable Favorable	Unimpaired Unimpaired	80-90 74-100	100 99.6	-	-	0 0	0 0	..	92½ 93½
303	5 5 7 weeks	A D	Incipient Improved	I R	3 months 4½ months	Favorable Favorable	Unimpaired Unimpaired	88-104 78-92	99.4 98.6	-	-	0 0	0 0	..	117 124½
*304	1 week	A D	Incipient	I	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
305	13 5 7 weeks	A D	Incipient Arrested	I R	3 months 6 months	Favorable Favorable	Unimpaired Unimpaired	80-96 74-92	99 99.8	-	-	0 0	0 0	..	132½ 139
306	23 1 7 weeks	A D	Incipient Ap. Cured	I R	3 months 8½ months	Favorable Favorable	Unimpaired Unimpaired	80-100 78-100	98.6 99.2	-	-	0 0	0 0	..	125 141
307	12 weeks	A D	Mod. Adv. Improved	I L	5 years 5 years 3 months	Unfavorable Unfavorable	Unimpaired Unimpaired	80-120 78-92	100.8 100	-	+	0 0	0 0	..	156 160½
308	21 4 7 weeks	A D	Incipient Ap. Cured	I L	2½ months 8 months	Favorable Favorable	Unimpaired Unimpaired	78-96 76-96	99 99	-	-	0 0	0 0	..	122 137
309	28 1 7 weeks	A D	Mod. Adv. Improved	I R	1 year 2 months 1 year 9 months	Favorable Favorable	Unimpaired Unimpaired	80-100 88-110	100 99	+	+	0 0	0 0	+	101 113½

*Unclassified.

310	5 5 7 weeks	A D	Incipient Improved	I R	1 year 1 month 1 year 2 months	Favorable Favorable	Unimpaired Unimpaired	84-124 100 78- 90 99	— —	O O	90 ¹ / ₂ 97
311	5 3 7 weeks	A D	Incipient Improved	I L	1 year 1 year 1½ mos.	Favorable Favorable	Unimpaired Unimpaired	82-100 98 8 80- 98 98 8	— —	O O	115 ³ / ₄ 117
312	5 4 7 weeks	A D	Incipient Improved	I R	3 months 4½ months	Favorable Favorable	Unimpaired Unimpaired	80- 90 100 76-112 99 2	— —	O O	97 99 ¹ / ₄
314	23 3 7 weeks	A D	Incipient Arrested	I R L	6 months 1 year	Favorable Favorable	Unimpaired Unimpaired	66 92 99 80- 99 98 8	— —	O O	124 ³ / ₄ 145 ¹ / ₂
31	4 2 7 weeks	A D	Incipient Improved	I R L	9 months 10 months	Favorable Favorable	Unimpaired Unimpaired	64 86 98 6 76 84 98 6	— —	O O	117 117
310	14 1 7 weeks	A D	Mod. Adv. Improved	I R L	9 months 1 year ½ month	Favorable Favorable	Unimpaired Unimpaired	100 120 99 88-106 101	— —	O O	135 145
*317	1 7 weeks	A D	Mod. Adv.	I I							
318	13 1 7 weeks	A D	Incipient Arrested	I L R	2 months 5 months	Favorable Favorable	Unimpaired Unimpaired	84-100 99 90-120 90 8	— —	O O	75 73 ³ / ₄
319	14 weeks	A D	Mod. Adv. Arrested	I R	9 months 1 year 1 month	Favorable Favorable	Unimpaired Unimpaired	96-116 100 8 72-118 99	— —	O O	108 125
320	17 weeks	A D	Mod. Adv. Arrested	I L R	5 months 9 months	Unfavorable Favorable	Unimpaired Unimpaired	90-100 100 70-100 99	— —	O O	107 132
321	20 3 7 weeks	A D	Incipient Ap. Cured	I L R	4 months 9 months	Favorable Favorable	Unimpaired Unimpaired	80-106 100 76-100 99 4	— —	O O	107 126 ¹ / ₄
32	5 weeks	A D	Mod. Adv. Unimproved	I R L	6 months 9 months	Unfavorable Unfavorable	Unimpaired Unimpaired	100-140 104 4 116-140 104	— —	O O	110 102
324	6 weeks	A D	Incipient Improved	I R	3 years 3 years 1 month	Favorable Favorable	Unimpaired Unimpaired	80 92 98 8 70- 92 100	— —	O O	132 131
325	18 1 7 weeks	A D	Incipient Arrested	I L R	1 month 5½ months	Favorable Favorable	Unimpaired Unimpaired	78- 98 98 8 72 112 98 6	— —	O O	101 111
326	8 5 7 weeks	A D	Mod. Adv. Improved	I R L	9 months 11 months	Favorable Favorable	Unimpaired Unimpaired	78-100 98 8 80-100 99	— —	O O	99 ¹ / ₄ 101
327	15 weeks	A D	Incipient Arrested	I R	2 years 3 months	Favorable Favorable	Unimpaired Unimpaired	84- 90 99 2 90-110 99 6	— —	O O	107 119
328	21 4 7 weeks	A D	Incipient Ap. Cured	I R	3 months 7 months	Favorable Favorable	Unimpaired Unimpaired	82-100 99 4 70-100 99	— —	O O	126 144 ¹ / ₄

*Unclassified.

No.	Duration of Treatment.	Condition.		Amt. of Involvement (Tuberc.)	Side.	Duration of Disease.	General Condition.	Digestion.	Range of Pulse 7 days on Discharge	Av. Max. Temp. 7 days on Discharge	T.B.	Complications.		Tuberculin Treatment.	Weight.
												Non-Tuberculous.	Tuberculous.		
331	13 weeks	A	D	I	I	R	2 years 3 months	Favorable	Unimpaired	86-108	100	—	0	0	103
						R	2 years 3 months	Favorable	Unimpaired	80-100	98.8	—	0	0	116
332	16 weeks	A	D	I	I	R	6 months 10 months	Favorable	Unimpaired	74-112	99.6	+	0	0	155
						R	6 months 10 months	Favorable	Unimpaired	76-90	99	+	0	0	167 ^{1,2}
333	7 weeks	A	D	I	I	L	1 year 6 months 1 year 7 ¹ / ₂ months	Favorable	Unimpaired	96-108	100.4	—	0	0	222
						L	1 year 6 months 1 year 7 ¹ / ₂ months	Favorable	Unimpaired	92-100	100.4	—	0	0	225 ^{1,2}
334	5 6 7 weeks	A	D	I	I	R	1 ¹ / ₂ months 3 months	Favorable	Unimpaired	74-90	98.8	—	0	0	112 ^{1,4}
						R	1 ¹ / ₂ months 3 months	Favorable	Unimpaired	72-100	99	—	0	0	119
336	13 1 7 weeks	A	D	I	I	L	2 years 3 months	Favorable	Unimpaired	66-84	99.6	—	0	0	105
						L	2 years 3 months	Favorable	Unimpaired	78-100	99	—	0	0	118
337	4 3 7 weeks	A	D	I	I	R	6 ¹ / ₂ months 7 ¹ / ₂ months	Favorable	Unimpaired	68-88	99	—	0	0	110 ^{3,4}
						R	6 ¹ / ₂ months 7 ¹ / ₂ months	Favorable	Unimpaired	76-96	99	—	0	0	116
338	13 1 7 weeks	A	D	I	I	L	1 month 4 ¹ / ₂ months	Favorable	Unimpaired	90-124	100	+	0	0	139
						L	1 month 4 ¹ / ₂ months	Favorable	Unimpaired	88-110	100.4	+	0	0	140
343	18 5 7 weeks	A	D	I	I	R	2 years 5 months	Favorable	Unimpaired	80-100	100	—	0	0	120 ^{1,2}
						R	2 years 5 months	Favorable	Unimpaired	86-100	98.6	—	0	0	129 ^{1,2}
344	9 4 7 weeks	A	D	I	I	R	2 months 4 months	Favorable	Unimpaired	56-76	98.8	—	0	0	141 ^{1,2}
						R	2 months 4 months	Favorable	Unimpaired	60-84	100.8	—	0	0	146 ^{1,2}
349	11 weeks	A	D	I	I	R	1 month 4 months	Unfavorable	Unimpaired	108-120	100	—	0	0	67 ^{1,2}
						R	1 month 4 months	Favorable	Unimpaired	96-120	98.6	—	0	0	88 ^{1,2}
350	7 weeks	A	D	I	I	R	2 years 2 months	Favorable	Unimpaired	74-90	99.4	—	0	0	113 ^{1,2}
						R	2 years 2 months	Favorable	Unimpaired	70-90	99.2	—	0	0	125 ^{1,2}
351	20 weeks	A	D	I	I	L	6 months 10 ¹ / ₂ months	Favorable	Unimpaired	70-104	99.2	—	0	0	87 ^{1,2}
						L	6 months 10 ¹ / ₂ months	Favorable	Unimpaired	80-90	98.8	—	0	0	114 ^{1,4}
352	19 4 7 weeks	A	D	I	I	R	8 months 1 year 1 month	Favorable	Impaired	78-100	99.4	—	Chronic Gastritis	0	117
						R	8 months 1 year 1 month	Favorable	Impaired	84-96	99.2	—	Chronic Gastritis	0	119 ^{1,4}
*353	4 weeks	A	D	I	I	...	...	...	...	...	...	...	...	...	...

* Unclassified.



The Regime of the New Patients.



A Group of Convalescents.

The Sanatorium Regime.

REST. EXERCISE. RESTORATION OF THE WORKING CAPACITY.

In the treatment of the individual cases of tuberculosis the Sanatorium adheres closely to the essentials of the modern sanatorium regime, the aim of which is (1) improvement of the general condition of the patient, (2) arrest of the tuberculous process and (3) restoration of the working capacity.

Absolute rest is enforced in all new cases for periods of time dependent upon the condition of the patient. Febrile patients or those manifesting serious symptoms are kept in the Infirmary which is a part of the Medical Building.

The method of treatment in each individual case is decided upon after a preliminary medical and laboratory investigation.

The general supervision of the routine is in the hands of the Medical Director and the Resident Staff consisting of the Superintendent, House Physician and a corps of trained nurses.

With the full establishment of convalescence, exercise and work, individually suited, is gradually introduced into the regime of each case. It is always borne in mind that the average patient, having passed through full period of treatment, expects to leave the institution adequately prepared to resume the work before him. This is just as essential to him as to the community at large, whose support of the sanatorium movement is largely based on the expected restoration of the working power in a large percentage of curable cases.

A careful introduction of graduated work into the regime of the convalescent patient, while reducing superfluous weight in a few cases, does not interfere with the improved general condition of the majority of the convalescents, stimulates it in many, and gives all of them the opportunity to learn the extent of their working power and the proper way of preserving it.

The ultimate result is much superior to that in patients overburdened with superfluous flesh, incapable of the least exertion and with no experience in the utilization and preservation of their strength.



Convalescents on the Lawn of the Sanatorium.

To have an efficient working program for patients in a Sanatorium, it is very important that a comprehensive provision should be made for various kinds of work suited to individual cases and that the stay at the Institution be long enough to permit a gradual increase of exercise up to about 8 hours a day. The fulfillment of the second condition is a difficult task in case of wage earners who are anxious to resume their family responsibilities as soon as considerable improvement takes place in their condition. Up to January 1st, 1911, the plan of keeping patients at the Sanatorium until they do a full day's work was successful in a considerable number of cases; the average extent of work, for the 199 "arrested" and "apparently cured" cases, at the time of their discharge, was three hours a day; it is expected that this average will increase with the further development of the Institution.

The "working program" at the Edward Sanatorium is being gradually developed; at present the activities of the Institution furnish the following kinds of employment to the convalescent patient: care of the lawn, gardening, less laborious part of the farm work for the more robust patient accustomed to this kind of labor, driving, assistance in some of the outdoor work of the institution, office work under open air conditions, the lighter details of housekeeping, etc.

The work is as far as possible individualized; as for example, the office worker is assigned tasks suited to his general

makeup and training; the convalescent trained nurse takes part in medical record keeping, etc.

The Institution is striving in this matter to accomplish its function in fitting the patient for the life work ahead of him.

THE DAILY REGIME.

Rising Hour, 7 A. M.

Morning bath, dressing, morning temperature, 7 to 8 A. M.

Breakfast, 8 A. M.

Forenoon Rest in Recreation Shacks, 9 to 12.

Luncheon, 10:30 A. M.

Dinner, 12:45 P. M.

Afternoon Rest in Recreation Shacks, 1:30 P. M. to 5:30 P. M.

Afternoon Luncheon, 3:00 P. M.

Supper, 5:30 P. M.

Evening Social Hour, 6:30 P. M. to 8:30 P. M.

Retiring Hour, 7:00 P. M. to 8:30 P. M., according to the condition of the patient.

Temperature taken in all new cases four times daily, or more frequently; with full establishment of convalescence—twice a day.

On admission the patient is kept at rest for a period of observation necessary to establish a clinical and laboratory diagnosis. The febrile patients are placed at absolute rest in the Outdoor Infirmary Quarters.



Playing Croquet.



On a Drive Through the Country.



Gardening.



Working on the Lawn.

The schedule above has reference to febrile cases, or those with very slight afternoon rises. With the progress of convalescence the general daily regime is gradually modified in each case by the introduction of exercise and a later retiring hour (from 7 P. M. to 8:30 P. M.)

All lights in patients' quarters are out at 9 P. M. Rounds of the men's and women's sections are made by Nurses in charge, between 7 P. M. and 9 P. M., while various groups of patients, with retiring hour defined for each, are on the way to their sleeping quarters.

The Superintendent and the Resident Physician make rounds of the Institution twice daily.

The medical force at the Sanatorium is in easy reach of the patients during the night hours, several nurses occupying a specially constructed Nurses' Shack.

PREVENTIVE MEASURES.

Utmost care is exercised to prevent dissemination of infection during the acts of coughing and expectoration.

The first lesson taught the new patient is control by will-power of all the unnecessary, unproductive cough.

In the act of coughing the patient covers his mouth completely with the paper handkerchief held in the palm of his hand; a similar handkerchief is also used for the collection of sputum; this is folded and deposited in a paper bag which, when full, is destroyed in the crematory.

Two-thirds of the patients at the Edward Sanatorium are in the incipient stages of the disease; the Institution includes but a few with frequent cough and profuse expectoration; these use pasteboard boxes carried in a metal holder; sputum collected in these boxes is destroyed in the crematory and the holders are disinfected every day in a special room set aside in the Medical Building.

A large proportion of the patients have no expectoration.

Of all the rules of the Sanatorium, those pertaining to cough and expectoration are most stringently observed.

All incipient cases are, as a rule, quartered in the open air shacks, while those beyond the incipient stage are kept in the Infirmary until all excessive cough and expectoration subside.

Cough is seldom heard on the grounds or in the assembly rooms and is prohibited in the dining room. If an attack of cough is anticipated by a patient, he immediately leaves the room and does not return until the attack has completely subsided.

With the continuous supervision by nurses and coöperation on the part of patients, infrequency of cough in every well regulated sanatorium is a feature familiar to all visitors.

The crematory for destruction of all infected material is at the west end of the farm; another is soon to be erected in the sputum room in the basement of the Medical Building.

All clothes before sent to the laundry are thoroughly aired and fumigated with formaldehyde gas in the disinfecting room.

Lavatories and bathrooms are disinfected with formaldehyde once a week.

No dry sweeping or dusting is permitted in the Institution.

RULES GOVERNING THE PATIENTS.

On entering the Sanatorium, the new patient is given a small folder containing the rules of the Institution. These rules are read and explained to the patient by the Resident Physician or Nurse in Charge.

Framed copies of the Sanatorium rules are displayed on the walls of all assembly rooms and sleeping apartments.

SET OF RULES DISPLAYED IN ALL ASSEMBLY ROOMS.

Edward Sanatorium, Naperville, Illinois.

Rules Governing Patients.

Respect the Rights of Your Neighbor and You Will Benefit Thereby.

1. Sanatorium Buildings must be kept immaculately clean. Do your utmost to make this possible.

Receptacles are provided in the buildings and on the grounds for waste paper.

Keep the chairs, blankets, etc., in an orderly fashion in the manner directed by the Superintendent.

2. Quietude is an essential condition in the treatment of any disease, tuberculosis included.

Keep quiet; avoid all unnecessary conversations; they are as much of a strain as any other exercise.

Loud talking is absolutely prohibited in the institution; this applies to all—patients, employes, visitors. This rule is to be strictly enforced in the buildings as well as on the grounds.

3. Never fail to cover your mouth, when coughing, with a paper handkerchief provided for that purpose.

Dispose of your sputum in the manner directed in the rules of the Institution.

Spitting on the grounds will be followed by immediate dismissal. Visitors are requested to abide by this rule

A Sanatorium must be freer from germs than any ordinary dwelling.

Remember that failure to comply with this rule is an imposition on your neighbor.

4. Coöperate in the maintenance of discipline. It is to your advantage.

The most effective sanatorium regime is a result of coöperation of the management and the patients.

Remember that we are all working toward the same end—to get you well.

SET OF RULES DISPLAYED IN ALL SLEEPING DEPARTMENTS.

Edward Sanatorium, Naperville, Illinois.

Rules Governing Patients.

1. Be careful with your sputum; expectorate into paper napkins or sputum cups provided for that purpose.

Do not expectorate on the floor or grounds—into the wash bowls or toilets.

Always cover your mouth with the paper handkerchief while coughing. Do not swallow your sputum.

Do not cough needlessly; you can control it to a great extent by will power.

Coughing or expectorating in the dining room is strictly prohibited; patients must leave the room for that purpose.

Sputum cups must not be taken into the dining room.

Table napkins are not to be used as handkerchiefs.

In final disposition of paper napkins, emptying and disinfection of cups, follow closely the instructions of the nurse in charge.

2. Patients are not permitted to take any medicines except those ordered by the attending physician.

Use of liquor, tobacco, and chewing gum is prohibited. No food is to be kept in the lockers.

3. Gambling or games of chance are strictly prohibited.

4. Patients are not permitted to visit in each other's shacks without permission.

Patients are not permitted to go down town without permission, nor take any exercise, even for a short period, except that prescribed by the Medical Director.

5. Patients are forbidden to discuss their condition and symptoms with the other patients. Report any new symptoms to the nurse in charge.

6. Loud talk, argument, controversy, etc., between patients, is not permitted.

7. Patients must wash their hands before meals and luncheons; also clean their teeth after meals.

8. Patients must sponge chest and back with cool water morning and evening, unless exempted by the Medical Director or Resident Physician.

A cleansing bath must be taken at least once a week.

The temperature of water used in sponging and bathing is to be determined by the medical management.

9. Patients on full rest must not play the piano or indulge in any kind of games.

10. Patients must not go to bed during the day without permission. In case of sickness patients must notify the nurse and she will notify the physician.

11. Patients must be prompt to meals.

Patients must not go into or through the kitchen or laundry without permission.

Patients must get their own laundry ready for fumigation; clothes must be hung up on clothes lines Sunday night and replaced in hamper immediately after breakfast Monday morning.

No clothes will be washed unless previously disinfected.

12. Be careful with everything—chairs, dishes, etc., belonging to the Sanatorium; articles broken through carelessness must be replaced.

Obey cheerfully the instructions of the physician and nurse; they are for your benefit.

The tendency of the Institution is toward maintenance of strict discipline in the interest of the patient's welfare. This is done in a kind and firm manner calculated to bring the full and enthusiastic coöperation of the patients, for whose welfare the sanatorium management stands responsible.



Sleeping Shacks. Women's Section.

OUTDOOR SLEEPING DURING WINTER.

I. *Arranging the Bed.*

1. Sew a layer of building paper on the springs and over it a strong piece of unbleached muslin or canvas. This not only prevents the cold from coming up underneath but also keeps the paper in place.

2. Place an unbleached muslin cover over the mattress and a pad on the top of it; then cover with a white cotton sheet, tucking it in at head and sides.

3. Cover three-fourths of the bed, lengthwise, with a heavy woolen blanket, with part of it extending over one side; put another one, in like manner, on the other side of the bed. Place pillow at the head.

4. Place a double flannelette sheet, $5\frac{1}{2}$ or 6 yards in length, over the bed, with the closed end at the foot. Turn in the sides of this sheet (allowing enough room to sleep between) and letting the under part of the sheet to extend over and around the pillow.

5. Fold over the flaps of the two blankets and tuck them in.

6. Place one or two double blankets over all, tucking in

well at the sides and foot of the bed. Fold back the upper part of the flannelette sheet over the blankets.

7. Place a khaki or canvas cover over the entire bed.

To get into this bed it is necessary to slide in at the top. The lower part of the blanket sheet can be drawn over the head and shoulders while the upper part can be tucked under the chin, so that only the face is exposed.

II. *To dress for outdoor sleeping during winter.*

1. Put on a suit of underwear that fits comfortably; this may be either wool or fleece lined. Over this you may wear an additional larger suit of woolen underwear.

2. Wear a heavy pair of wool socks; over these lambs' wool bed shoes or lumberman's socks. The bed shoes are made of lamb skin with the wool on the inside and are laced like shoes.



Sleeping Shacks. Men's Section.

3. A heavy flannelette night gown or suit of pajamas comes next. Pajamas are better as they fit more comfortably. This is especially true when the patient must slide into bed starting at the head and going down feet first.

4. If the blanket sheet of the "Klondike Bed" is not sufficient protection for the head, a flannelette cap that fits over the forehead and under the chin is worn; one with a shoulder cape is desirable.

5. In extreme weather more underwear may be worn. The bed may be warmed with a soap stone or hot water can (one that holds a gallon of water will retain its heat all night, even in the coldest weather). A heavy eiderdown robe must be worn to and from the dressing room.

THE DIET.

In arranging the diet for Sanatorium patients it is borne in mind that the defensive resources of the average patient grow with the improvement of his nutrition and that the reparative process is dependent upon a liberal, varied diet containing a sufficient amount of nitrogenous food and an abundance of easily assimilated fats.

The diet must be well balanced, properly prepared and attractively served. The amount should be within the limits of digestion and assimilation of the individual patient; this is defined in a general way in each case and the patient is impressed with the importance of abundant food in the treatment of tuberculosis; stuffing, however, is avoided.

Individualization is practiced as far as possible; the diet kitchen in the Medical Building is used for modifying the general diet for the Infirmary patients.

Lunches of eggs, milk, crackers, bread and butter, are served twice a day, between meals, to all patients, unless contraindicated; this is continued in individual cases until normal weight is restored; then, the additional eggs and milk are gradually withdrawn and the patient eventually returns to normal diet.

In addition to the three meals the patients get from three to six eggs and from one and a half to two quarts of milk daily.

The following is a typical weekly menu:

August 21st to 27th, 1910.

SUNDAY—

Breakfast: Grapes, Corn Flakes, Cream, Egg Omelet, Bread and Butter, Coffee, Milk, Raw Eggs.

Dinner: Tomato Soup, Crackers, Fried Chicken, Gravy, Boiled Rice, Spinach with Hard Boiled Egg, Olives, Jelly, Radishes, Bread and Butter, Caramel Ice Cream, Sponge Cake, Milk.

Supper: Cold Boiled Ham, Browned Potatoes, Combination Salad, Blackberries with Cream, Tea, Sponge Cake, Milk.

MONDAY—

Breakfast: Muskmelons, Malt Breakfast Food, Cream, Bacon, Fried Eggs, Bread and Butter, Coffee, Milk, Raw Eggs.

Dinner: Roast Beef, Boiled Potatoes, String Beans, Cold Slaw, Olives, Bread and Butter, Cocoanut Pudding, Milk.

Supper: Beef Tongue, Creamed Potatoes, Lettuce, Bread and Butter, Stewed Blackberries, Tea, Milk.

TUESDAY—

Breakfast: Plums, Peaches, Puffed Rice, Cream, Soft Boiled Eggs, Bread and Butter, Coffee, Milk, Raw Eggs.

Dinner: Macaroni Soup, Beef Steak, Mashed Potatoes, Lettuce, Bread and Butter, Watermelon, Milk.

Supper: Creamed Dried Beef, Baked Potatoes, String Bean Salad, Bread and Butter, Buns, Stewed Prunes, Tea, Milk.

WEDNESDAY—

Breakfast: Baked Apple, Oatmeal, Cream, Bacon, Fried Eggs, Bread and Butter, Coffee, Milk, Raw Eggs.

Dinner: Roast Lamb, Boiled Potatoes, Boiled Beets, Succotash, Green Onions, Bread and Butter, Lemon Jelly, Cream, Milk.

Supper: Cold Boiled Ham, Baked Sweet Potatoes, Sliced Cucumbers, Bread and Butter, Peaches, Tea, Milk.

THURSDAY—

Breakfast: Sliced Oranges, Corn Flakes, Cream, Scrambled Eggs, Bacon, Bread and Butter, Coffee, Milk, Raw Eggs.

Dinner: Puree of Peas, Sirloin Steak, Gravy, Baked Potatoes, Creamed Onions, Olives, Bread and Butter, Plum Ice, Milk.

Supper: Veal Loaf, Fried Potatoes, Lettuce, Bread and Butter, Sliced Bananas, Tea, Milk.

FRIDAY—

Breakfast: Apricots, Oatmeal, Cream, Soft Boiled Eggs, Bread and Butter, Coffee, Milk, Raw Eggs.

Dinner: Boiled Halibut, Egg Sauce, Beef Steak, Mashed Potatoes, Stewed Tomatoes, Cold Slaw, Bread and Butter, Apple Pie, Milk.

Supper: Creamed Salmon, Baked Potatoes, Lettuce, Bread and Butter, Sliced Pineapple, Tea, Milk.

SATURDAY—

Breakfast: Grapes, Corn Flakes, Cream, Pancakes, Maple Syrup, Bread and Butter, Coffee, Milk, Raw Eggs.

Dinner: Roast Beef, Gravy, Boiled Potatoes, Stewed Corn, Tomatoes, Pickles, Bread and Butter, Tapioca, Cream, Milk.

Supper: Beef Tongue, Fried Potatoes, Vegetable Salad, Bread and Butter, Stewed Pears, Tea, Milk.

The effort is toward a liberal nutritious and varied diet. Fruit and vegetables are served according to season. A considerable variety of vegetables is produced on the farm.

Changes in the diet are made from week to week.



A Quiet Evening—Assembly Hall.

SOCIAL LIFE AT THE SANATORIUM.

A strict adherence by the patients to the various details of the Sanatorium regime is very essential to their satisfactory progress. Maintenance of discipline is facilitated by an atmosphere of cheerfulness. The attractiveness of grounds, the general grouping of buildings, their simple and attractive exterior, walks laid through fields and lawns, the general appearance of an institution—all these are factors appealing to the eye of the patient.

The relationship of the patients and the management should be such as to blend the patients, the physicians and the nurses

into a one well conducted happy family, all working to the same end: the general restoration of the health of the patient.

The social side of the Sanatorium life is of great importance; without it, discipline becomes irksome and its enforcement difficult.

The social evening hour, with its quiet games, music, mutual exchange of experiences, lectures, etc., calls for an Assembly Room, sufficient to accommodate all the convalescent patients.

Games requiring little exertion, as croquet, etc., are permitted during the daily hours of exercise, as well as walking trips into the country by various groups of patients, defined in their duration according to their condition.

In addition to the general provision for pastime, the Edward Sanatorium is gradually developing the following social features:

I.—OBSERVATION OF NATIONAL HOLIDAYS.

During the last fourteen months the following days were appropriately observed:

FOURTH OF JULY, 1909.

Celebration arranged by the patients and the first three numbers on the program rendered by them.

- Introductory RemarksMr. Fred Streit
- Reading of the Declaration of Independence.....
-Mrs. C. E. Hopkins
- Fourth of July OrationMr. J. E. Downs
- Vocal SolosMiss Julia E. Clark of Chicago
- Baritone and Trombone Solos!.....
-Mr. J. Yender and Mr. T. Becker, of Naperville
- Address...Prof. H. J. Kiekhofer of Northwestern College, Naperville.
- Concluding Remarks.....Medical Director
- Orchestra—Carolus Orchestra of Naperville, Miss Egermann, Leader.
- Refreshments.
- Fireworks.

MEMORIAL DAY EXERCISES, MAY 30, 1910.

- ChairmanMedical Director
- Address...Mr. Harlow N. Higinbotham, President Chicago Municipal Sanatorium.

Address..Professor Kiekhofer, Northwestern College, Naperville.

Vocal Music.....Miss Julia H. Clark, Chicago

FOURTH OF JULY, 1910.

PresidingMedical Director

AddressProfessor Kiekhofer, Naperville

Clarinet and Piano.....Mr. and Mrs. Nietz, Naperville

Orchestra—Naperville High School Band, Mr. Nietz,
Leader.

Fireworks.



Celebration of the Fourth of July.

II.—ENTERTAINMENTS, CONCERTS.

AUGUST 28, 1909.

Violin SolosMiss Kathleen Moore, Batavia, Ill.

Vocal.....Miss Julia Clark, Chicago

OCTOBER 31, 1909.

Vocal Selections.Dr. Robert Hardie and Mr. Pence, Chicago

Piano.....Mrs. Clyde D. Pence and Miss Pratt, Chicago

NOVEMBER 13, 1909.

Concert by the Orpheus Orchestra of Naperville; direction,
Mr. Ralph Reiche.

Violin SolosMr. Reiche, Naperville
PianoMiss Ella Boettger, Naperville

DECEMBER 19, 1909.

Concert by the Orpheus Orchestra of Naperville; direction,
Mr. Ralph Reiche.

PianoMiss Ella Boettger, Naperville
ViolinMr. Ralph Reiche, Naperville
VocalFrederick Children, Naperville
ReadingsMiss Louise Laird, Naperville
Popular MelodiesMr. Unger, Naperville

HALLOWE'EN, OCTOBER 31, 1910.

Appropriate program; decorations; souvenirs; games; re-
freshments. Music by Orpheus Orchestra of Naperville,
direction, Mr. Ralph Reiche.

III.—LECTURES.

Stereopticon Lectures on Tuberculosis by the Medical
Director, May 22, 1909; September 5, 1909; December 12,
1909; April 12, 1910; August 7, 1910; December 18, 1910.

Lectures on this subject are given at stated intervals.
The Sanatorium is provided with a full set of slides depict-
ing various phases of tuberculosis movement and life in
sanatoria in this country and Europe.

By organization of a special Lecture Committee it is
proposed to extend the Lecture Program of the Institution
to various general subjects of interest, historical, hygienic,
etc.

IV.—PATIENTS' READING CIRCLE.

To establish a closer relationship between the patients
as well as to give them a useful pastime, Reading Circles
were introduced at the Sanatorium.

Meetings of one hour's duration are held on an aver-
age two or three times a week. Reading of a selected ar-
ticle by one of the patients occupies about a half an hour,,
and this is followed by general discussion.

(a) *The Tuberculosis Reading Circle* devotes its time to
selections from "Journal of the Outdoor Life" and various popu-
lar treatises on the subject, viz.: "Tuberculosis, a Curable and
Preventable Disease" by Dr. A. S. Knopf, "Consumption and
Civilization" by Dr. J. B. Huber, etc.

Some of the selections follow:

"Daily Outdoor Life," from "Journal of the Outdoor Life."

"Truths about Tuberculosis," from "Journal of the Outdoor Life."

"Rest and Exercise," from "Journal of the Outdoor Life."

"The Nature of a Sanatorium," from "Journal of the Outdoor Life."

"Hints for Tuberculous Patients," from "Journal of the Outdoor Life."

Selections from Knopf's, Huber's, etc.

(b) *The General Reading Circle* takes up subjects of current or historical interest.

Some of the selections:

"The North Pole at Last," from "The Outlook."

"Articles on Current Events," from "The Outlook."

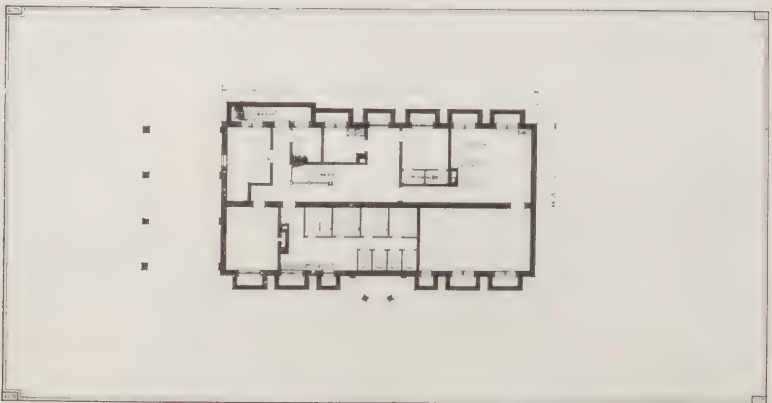
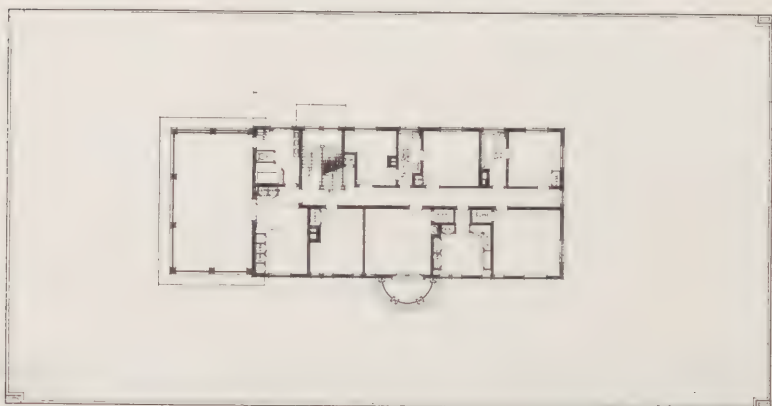
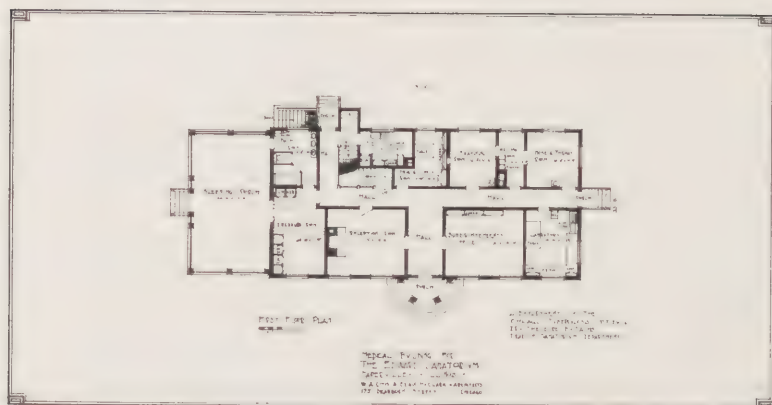
"Search for the North Pole," from "American Review of Reviews."

"Early Struggle for Liberty in the Colonies," from "Eggleston's History of the United States."

"The Outlook of the Revolution and the Declaration of Independence," from "Eggleston's History of the United States." and other similar articles on various topics in the standard periodicals and general literature.



The Reading Circle.



Plans of the Medical Building and Infirmary. 1. First Floor. 2. Second Floor. 3. Basement. For description see page 57.

HISTORY AND GENERAL DESCRIPTION OF THE INSTITUTION.

The Edward Sanatorium at Naperville, Illinois, for the treatment of incipient pulmonary tuberculosis, was founded by Mrs. Keith Spalding of Chicago. The cornerstone was laid in the spring of 1906 and on the 15th of January, 1907, the doors of the Sanatorium were opened for admission of patients.

The initial accommodations of the Institution were for 16 patients; the present capacity is 60 beds, which will be gradually increased by further extension of the administration facilities and the erection of additional sleeping shacks.

On May 27, 1907, the Sanatorium was presented by Mrs. Spalding to the Chicago Tuberculosis Institute.

The Edward Sanatorium is located just outside of the city limits of Naperville, Du Page County, Illinois.

Communication from Chicago is by Chicago, Burlington & Quincy Railway suburban trains, leaving the Union depot every two to three hours, and reaching Naperville in fifty to sixty minutes.

The site is a farm of 40 acres. The ground is elevated, affording an unobstructed view of picturesque scenery for miles around. Across the roadway is the Du Page River, with numerous groves of trees east of it; south and west of the institution is the boundless stretch of sloping ground and fertile farm land.

The east section of the ground is occupied by an orchard and a large lawn; around it in a semi-circle are the medical building with the infirmary, the service building and the day shacks so placed that the patients are under the constant observation of the central office.

West of this group of buildings are two rows of sleeping shacks (one for men and one for women), with a large lawn between them; several hundred evergreens were placed around this part of the grounds for protection from the prevailing winds.

Cement walks connect the various buildings of the institution and lead to the main entrance of the Sanatorium.

About 30 acres of rich soil, lying west of the Sanatorium proper comprise the farm. The group of buildings, situated here, consists of a farmhouse, several barns, three poultry houses, water tower, engine house, refuse crematory and ice house.

Pure water is supplied to the institution from an artesian well driven in the rear of the grounds.

Sewerage is thoroughly treated in two septic tanks of ample dimensions.

INDIVIDUAL DESCRIPTION OF BUILDINGS.

The general plan for buildings, as gradually developed by a four years' experience, includes a provision for—

(1) Service Building, with dining hall, kitchen, laundry, and rooms for employes.

(2) Medical Building, including central office, all the medical facilities, infirmary and rooms for medical and nursing staff.

(3) Sleeping shacks, accommodating six to ten patients; a number of tent cottages, two beds each.

(4) Day Rest or Recreation Shacks.

(5) A central heating plant and laundry to be erected later.

(6) Gradual extension of the present facilities.

The arrangement of day rest in shacks separate from the sleeping quarters affords the patients a daily variation of surroundings conducive to general contentment; at the Edward Sanatorium these day shacks and rest verandas are so placed as to be within close observation of the Central Office.

In the general plans of the Institution as well as the individual arrangement of various buildings, the medical management of the Sanatorium, during the last four years, worked together with Architect W. A. Otis of Chicago (W. A. Otis and E. H. Clark).

SERVICE BUILDING.

The Service Building is a two story frame structure, with basement, of an attractive, simplified colonial design, with the main portion about 61x32 and an L 57 feet long, at the rear; the south and east sides are surrounded by open air verandas.

The basement contains the heating plant for this building, fumigating rooms, store rooms, and bath and toilet facilities for male patients.

A hall runs through the center of the first floor, with the assembly room on the north and patients' dining room on the south. To the north of the west end of this hall is the Nurses' office.

The extension attached to the main building includes the kitchen, butler's pantry, store and refrigerator room, and laundry.

The second floor is divided into sleeping rooms for the housekeeper, one of the nurses, clerk and employes, bathroom, linen room, etc.

This structure is the original Administration Building erected by Mrs. Spalding, the founder of the Institution.

MEDICAL BUILDING AND INFIRMARY.



Medical Building. Superintendent's Office.

A great deal of time and effort were spent by the Medical Management and Architect W. A. Otis in planning the New Medical Building and Infirmary. This spacious two-story building, with basement and unfinished attic that can be utilized for eight additional rooms, was occupied in January, 1910. Entire cost of building and equipment was furnished by Mrs. Keith Spalding.

The necessary sanitary requirements were met in the simplicity of design, proper arrangement of rooms, large windows, rounded corners, smoothness of surface, tile and cement floors and enameled walls in certain sections.

The basement includes the toilet and bath rooms for women patients, shower baths, fumigating room, disinfecting room, heating plant with its accessories, etc.



Medical Building. Infirmary Sleeping Porches.

A hall runs south and north through the center of the first floor, with the following rooms arranged on each side: laboratory, nose and throat room, patients' waiting room, examining room and drug room. The main entrance of the building leads to an entrance hall, with the large central office on the north and visitors' waiting room on the south of it.

The general arrangement of the second floor is approximately the same, with rooms for the Superintendent, Resident Physician, Nurse, Linen Room, Room for the Medical Director and visitors, toilet and bath rooms. Two rooms, on the south, with bath and toilet room, are reserved for isolation of patients.

The Infirmary occupies the south section of the Medical Building, the lower floor for men, the upper for women. Each section, with accommodation for six patients, is provided with a spacious sleeping porch, locker and dining room, and toilet and bath facilities. The outlook from the sleeping porches is over the vast undulating country.

The Medical Building is so arranged as to permit of future additions.

The cost of construction was \$21,435.62.



Medical Building. Laboratory.



Medical Building. Nose and Throat Room.

PATIENTS' SLEEPING QUARTERS.

The patients' sleeping quarters consist at present of

(1) Four open air shacks, durably built, modeled (with some modifications) after Dr. King's lean-tos at the Loomis Sanatorium. Capacity thirty-six beds.

(2) Infirmary outdoor sleeping quarters, twelve beds.

(3) Five Tucker Tents, ten beds.

(4) Two isolation rooms.

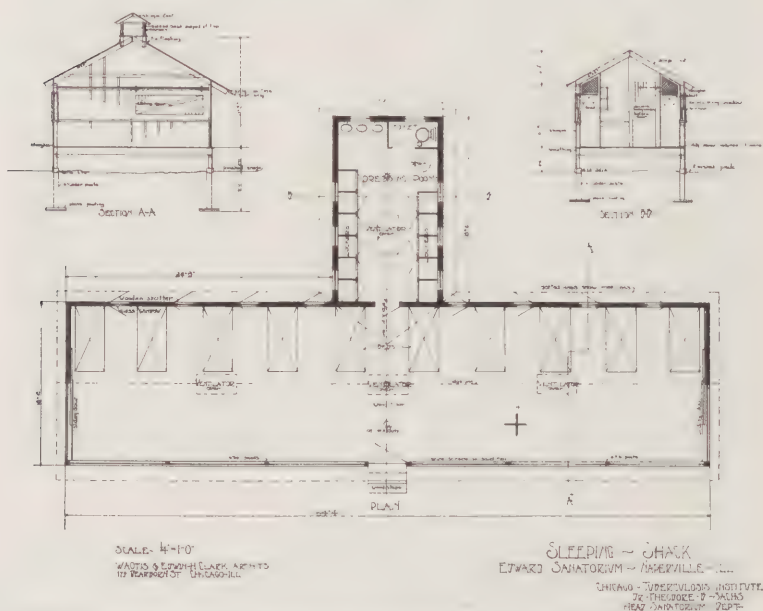
Three nurses occupy a separate shack centrally located. Two tents are given to former patients at present employed at the Institution.

All these structures face southeast, affording by their position ample protection from the prevailing northwest winds.

The *open air shack* for ten patients is 64 1-4x16 1-8 feet. The upper two-thirds of the south front is open. In the north wall are windows, one between each two beds, and a door in the centre, leading to the dressing room, which is eighteen and a half feet by eleven. This room contains individual lockers for patients, lavatory and toilet facilities, and is heated during the

winter months with a coal stove. A large section of the east and west wall of the shack, extending about one-half of their length, is kept open in ordinary weather. Additional ventilation is provided by two skylight ventilators.

Cost of construction, \$1,057.00.

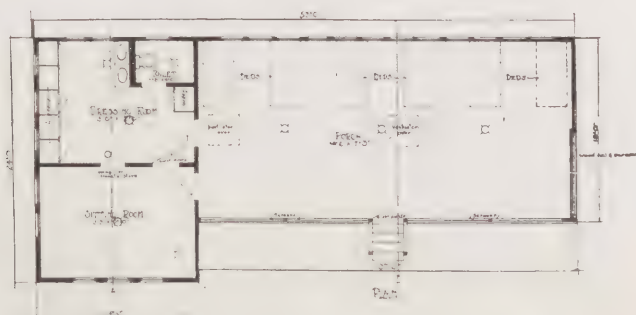
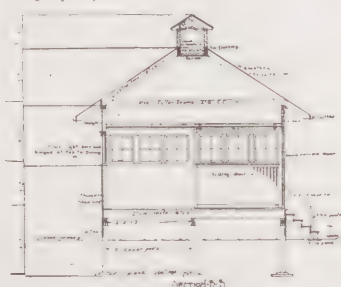
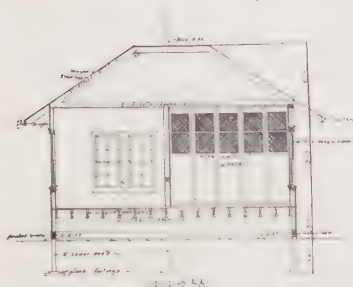


Plans of a Sleeping Shack for Ten Patients (modeled after Dr. King's Lean-to.)
For description see page 59.

The *shack* recently erected for the employes of *Sears, Roebuck & Company*, is a structure 18x53 feet, with the west section including the recreation and dressing room; this part projects 6 feet beyond the front line. The sleeping porch is 37 feet long, a continuous line of windows extending over the entire north wall; the entire front facing southeast is open, canvas curtains being used in stormy weather; a large door, occupying one-half of the east wall, affords additional ventilation. The roof is provided with two skylight ventilators. The dressing room is 12x15 feet; a section of it is given to individual lockers, toilet and lavatory facilities. The recreation room is 11x15 feet, with large windows extending along the south and north sides and glass doors leading to the porch and dressing room. The porch is large enough to accommodate the beds and the reclining chairs.



A Sleeping Shack for Six Patients.
(For Sears, Roebuck & Co. Employees.)



SCALE 1/4" = 1'-0"
DRAWN BY ALFRED H. ACK, ARCHT.
FOR THE BOARD OF CHICAGO-ILL.

COTTAGE-SHACK
KIDNEY PATIENTS - ROSELLE-ILL.
DESIGNED BY ALFRED H. ACK, ARCHT.
FOR THE BOARD OF CHICAGO-ILL.

Plans of Sleeping Shack for Six Patients. For description see page 60.

The main points of improvement in this shack, in reference to ventilation, are: (1) widely open front, open railing, (2) suspended, movable half of the east wall of the shack, (3) continuous line of windows in the rear wall.

Cost of construction, \$1,287.00.

The *Infirmary Porches* are 18x31 feet. They face south and are protected from northwest winds by windows on the west and the wall of the medical building on the north. The south and east sides are provided with canvas curtains. A line of transoms extends on the west, south and east sides.

The bathing and toilet facilities as well as the dressing and dining rooms connected with the infirmary porches are heated with steam; large windows furnish necessary ventilation. All arrangements are of improved sanitary type and of a character designed to give all the necessary comfort to patients temporarily confined to bed.

DAY REST OR RECREATION SHACKS.

Day rest is taken by the majority of the patients in reclining chairs in especially constructed day shacks; those in need of close observation are kept on porches connected with the old administration and the recently erected medical buildings. Canvas reclining chairs were used exclusively until now; these are being replaced gradually by Adirondack Recliners.

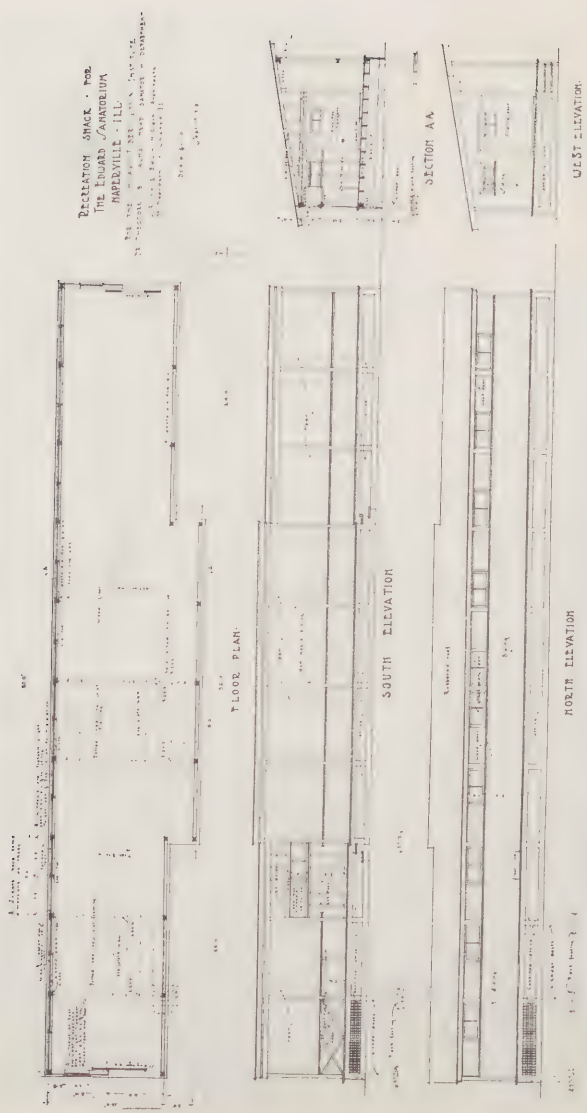
Two day rest shacks accommodate approximately 30 patients, one for ten, another for twenty.

The larger shack, recently erected, is a structure 80 feet long and 12 feet wide. The south front is entirely open, with an open railing along its entire length. The central portion of the shack projects slightly beyond the front line. A continuous line of windows extends over the north wall and one-half of the east and west sides are suspended and movable, contributing considerably to ventilation necessary in ordinary weather. Awnings extend over the entire front of the shack.

Cost of construction, \$520.00.



Day Rest or Recreation Shack.



Plan of Day Rest or Recreation Shack. For description see page 62.

THE FARM.

The land owned by the Sanatorium comprises forty acres; about two-thirds of it, west of the Sanatorium buildings, is under cultivation.



A Corner of the Chicken Farm.

after the plans of the U. S. Department of Agriculture.

The chief products of the farm at present are eggs, vegetables, hay, wheat, oats, and corn.

Four horses are kept for farm work and driving.

On January 1st, 1911, the poultry yard contained 500 Wyandottes and Barred Plymouth Rocks. Incubators are used for hatching the chickens.

From January 1st, 1910, to January 1st, 1911, 6,342 dozen eggs (total value \$1,678.15) were used at the Sanatorium; of this the farm produced 1,663 dozen (total value \$410.49). The output was growing steadily since January 1st, 1911: January, 110 dozen; February, 102 dozen; March, 447 dozen. With its gradual development the poultry farm is expected to yield the entire egg supply needed at the Institution.



General View of the Farm.

The output of the farm in 1910 is represented by the following figures: Vegetables, \$200.00; eggs, \$399.95; poultry for table, \$150.03; hay, \$210.00; oats, \$78.98; wheat, \$75.62; corn, \$150.00; pigs, \$177.80. Total, \$1,442.38.

An effort is being made at present to develop the full capacity of the farm.

With the purchase of additional land the installation of a model dairy may become possible; at present all milk is furnished by a herd of tuberculin tested cows on a neighboring farm.

ACKNOWLEDGMENTS.

We are indebted to the President and the Board of Directors of the Chicago Tuberculosis Institute for their support and encouragement; to people of Naperville for their uniformly kind attitude and ever ready coöperation; to Mrs. Keith Spalding of Chicago, the founder of the Sanatorium, for her numerous benefactions and unremitting support in advancing the interests of the Institution; to Mr. and Mrs. Cyrus H. McCormick for the maintenance of the Elizabeth McCormick Memorial Bed for children; to Mrs. Louise de Koven Bowen, Miss Mary Rozet Smith and others for their liberal contributions to the patients' relief fund; to Mr. Julius Rosenwald of Chicago for his annual contribution of five hundred dollars to the Laboratory Fund; to the Nurses' Auxiliary of the Chicago Tuberculosis Institute for the maintenance of a bed for nurses; to Sears, Roebuck & Company for the gift of a six bed cottage and the maintenance of three beds for their employes; to the Women's Trade Union League of Chicago for the maintenance of a bed for their members; and all others who have contributed from time to time to the Institution.

We gratefully acknowledge the valuable services rendered by our Architect, Mr. W. A. Otis of Chicago.

Appreciation is due to the Superintendent of the Chicago Tuberculosis Institute, Mr. Frank E. Wing, for his ever ready coöperation in various matters pertaining to the Sanatorium; to Dr. Elmer L. Kenyon, the Visiting Laryngologist, for his valuable services in the development of the Nose and Throat Department; to Dr. Edward R. Rosenow, the Consulting Pathol-

ogist, for similar services in the development of the Laboratory; to Dr. James A. Britton, the Associate Visiting Physician, for his valuable assistance; to Dr. George A. Torrison, the Visiting Laryngologist, for his valuable services since his appointment on September 1, 1910; and to Dr. Anne J. Murphy, for faithful and efficient performance of duty, as House Physician.

The able and faithful services, extending over three years, of the Superintendent of the Sanatorium, Miss Winnifred McEdward, can not be too highly commended; as well as the enthusiastic and efficient services of the Sanatorium Nurses, Miss Julia Ristell, Miss Alice Buckland and Miss Annie Stephens, and the clerk, Miss Eunice Aikman.

The valuable services rendered by Mrs. Theodore B. Sachs, in connection with systematic investigation of economic purchase of supplies, are gratefully acknowledged.

THE NEEDS OF THE INSTITUTION.

The Sanatorium is in need of funds for further extension of its facilities.

By enlargement of the present service building and erection of additional sleeping shacks the present capacity of the Institution can be doubled.

Construction of a central heating plant would result in a greater economy of service.

Purchase of additional land for future uses is very desirable.

To provide for a larger number of tuberculous patients of moderate means, an increase in the number of supported and endowed beds is greatly needed.

An annual contribution of five hundred dollars will support one bed, taking care of two to three patients yearly (at the present rate of the average duration of treatment); an annual contribution of two hundred and fifty dollars will reduce the weekly charge in the same number of cases to five dollars a week.

Endowment of beds can be arranged by contribution yielding an annual income as above stated.

The special "patients' relief fund" is used to cover the difference between the reduced charge allowed in a certain percentage of cases and the weekly cost of maintenance. Liberal

contributions to this fund would minimize the burden resting upon the patients of limited means.

The Sanatorium appeals to the public for generous support; the appeal is based on the record of work so far accomplished and the determination to develop in every way the efficiency of the Institution.

Checks specified "for the Edward Sanatorium, Naperville, Illinois" should be sent to Mr. David R. Forgan, Treasurer, Chicago Tuberculosis Institute, 158 Adams St., Chicago.

THE OUTLOOK.

When the Edward Sanatorium opened its doors on January 15, 1907, it was the first institution of its kind under Chicago auspices.

During the last four years it has been the exponent of sanatorium treatment of tuberculosis in our home climate.

The results obtained at the Edward Sanatorium have served as a basis of appeal for the establishment of similar private and municipal institutions.

Since the opening of the Sanatorium up to the present time, the aim has been (1.) to develop the medical and laboratory facilities of the Institution, so essential to a thorough study of each individual case and (2.) to perfect a sanatorium regime insuring a strict supervision of cases and close observance of all the essentials of the modern treatment of tuberculosis.

A continuous effort was directed to the development of the proper spirit and enthusiasm among the patients whose cooperation is indispensable to a successful treatment of this disease.

The plan for the future of the Edward Sanatorium is further development and increased efficiency; to achieve this object the Institution needs the generous support of the public.

THEODORE B. SACHS, M. D.

Medical Director.

Financial Report, Edward Sanatorium.

January 1st to December 31st, 1910.

Balances of cash on hand January, 1st, 1910:

General Fund	\$ 773.85	
Petty Cash	50.00	
Sanatorium Building Fund.....	18,131.01	
		<hr/>
		\$18,954.86

RECEIPTS.

General Fund:

Contributions, Mrs. Keith Spalding ..	\$ 7,000.00
Contributions, additional	20.00
Board of Patients	17,605.37
Sears, Roebuck & Co. (for Shack)....	1,410.47
Special Patients' Board Fund.....	385.00
Elizabeth McCormick Memorial Fund.	600.00
Nurses' Auxiliary Bed.....	600.00
Women's Trade Union League Fund..	250.00
Laboratory Fund	500.00
Sales and Refunds.....	408.71

Sanatorium Building Fund:

Interest on Bank Deposits.....	\$ 124.51	
		<hr/>
		\$28,904.06
Total		<hr/>
		\$47,858.92

DISBURSEMENTS.

General Administrative Expenses:

Salaries (Superintendent, etc.)	\$ 866.00
Printing, Stationery and Office Supplies	46.07
Postage	21.00
Telephone	177.81
Railroad Expenses	208.10
Livery Expenses	12.00
Legal Expenses	178.79
Photographs, Prints, Cuts, etc.....	41.90
Library	9.63
Miscellaneous	109.78
	<hr/>
	\$ 1,671.08

Professional Care of Patients:

House Physician and Nurses	\$ 1,438.85
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Transportation	122.86	
Medical Supplies	103.88	
Surgical Supplies	63.02	
General Supplies	332.46	
Miscellaneous	22.84	
	<hr/>	\$ 2,083.91

Housekeeping (Including Laundry):

Salaries and Wages.....	\$ 1,173.84	
Beds and Bedding.....	1,165.41	
Linen and other Dry Goods.....	184.02	
Furnishings	157.83	
Crockery, Hardware and Kitchen Utensils	193.49	
Cleaning and Laundry Supplies.....	339.68	
Miscellaneous	96.68	
	<hr/>	\$ 2,310.95

Steward's Department:

Salaries and Wages.....	\$ 1,118.38	
Milk and Cream.....	2,024.66	
Butter and Cheese.....	731.99	
Eggs	1,267.66	
Groceries, Vegetables and Fruits.....	2,329.03	
Meat, Poultry and Fish.....	2,577.63	
Flour, Bread and Crackers.....	263.61	
Coffee, Tea, Cocoa, etc.....	108.41	
Miscellaneous	77.71	
	<hr/>	\$10,499.04

General House and Property Expenses:

Salaries and Wages.....	\$ 385.01	
Coal	773.09	
Oil and Gasoline.....	181.37	
Electricity	185.94	
Taxes	4.29	
Insurance (3 years)	959.00	
Renewals and Repairs:		
To Grounds	197.85	
To Buildings	795.17	
To Machinery and Tools.....	205.31	
Miscellaneous	172.31	
	<hr/>	\$ 3,859.34

Farm:

Labor	\$ 625.87	
Hay, Grain and Feed.....	274.72	
Poultry Supplies	81.55	
Seeds	27.82	
Other Farm Supplies	81.51	
Miscellaneous	35.80	
	<hr/>	\$ 1,127.27

Laboratory:

Laboratory Supplies	\$ 47.24	
Miscellaneous25	
	<hr/>	\$ 47.49

Total Operating Expenses.....	\$21,599.08
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Other Current Expenses:**New Equipment:**

Buildings	\$ 1,558.32	
Grounds	568.66	
Beds and Bedding	127.90	
Furniture and Furnishings.....	1,018.38	
Apparatus	309.00	
Farming Machinery	10.45	
Laboratory Equipment	6.31	
Miscellaneous	81.98	
	<hr/>	\$ 3,681.00

Other Expenses:

Board Refunded to Patients.....	\$ 154.95	
Articles chargeable to Patients' Account	208.27	
Miscellaneous	277.20	
	<hr/>	\$ 640.42

Miscellaneous	\$ 1,291.72	
	<hr/>	\$ 1,291.72

Total Current Expenses	\$27,212.22
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Sanatorium Building Fund:

Construction	\$14,529.49	
Equipment	3,633.53	
Insurance	62.50	
	<hr/>	\$18,255. 52

Grand Total All Disbursements	\$45,467.74
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Balance of Cash on Hand December
31st, 1910:

General Account	2,391.18
	<hr/>
	\$47,858.92

Distribution of Balance:

Maintenance	\$ 1,467.17	
Petty Cash	200.00	
Special Board Fund.....	121.37	
Elizabeth McCormick Memorial Fund	6.35	
Nurses' Auxiliary Bed.....	65.78	
Health Committee Fund, Woman's		
Trade Union League.....	84.31	
Laboratory Fund	446.20	
	<hr/>	\$ 2,391.18

COMPLETE FINANCIAL STATEMENT SANATORIUM BUILDING FUND.

RECEIPTS.

Contributions (Mrs. Keith Spalding).....	\$25,047.50	
Accrued Interest on Deposits	564.52	\$25,612.02

DISBURSEMENTS.

On Account of Medical Building:

Construction:

General Contractor	\$19,990.28	
Architect's Fees	999.96	
Clerk of Works	420.75	
Coal during construction	24.63	\$21,435.62

Insurance.	\$ 437.50	\$ 437.50
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Equipment:

Furniture and Furnishings	\$ 634.40	
Rugs.	191.10	
Beds and Mattresses	221.40	
Blankets and Bedding	313.35	
Towels and Dry Goods	85.67	
Dining Room Supplies	270.19	
Medical and Laboratory Supplies....	531.73	
Electrical Fixtures and Labor.....	189.68	
Cork Flooring and Supplies	124.75	
Curtain Rods and Shades.....	121.84	\$ 2,684.11

Ground Improvements:

Septic Tank	\$ 550.00	
Gas Mains	100.00	
Labor, etc. on grounds	404.79	\$ 1,054.79
		<u>\$25,612.02</u>

COST OF MAINTENANCE—EDWARD SANATORIUM—JUNE 1, 1907 TO DECEMBER 1, 1907.*

	June	July	August	September	October	November	Totals	Per Patient Per Week
Gen. Administrative Exp.	\$ 58.90	\$ 49.52	\$ 26.06	\$ 22.45	\$ 81.50	\$ 64.63	\$ 303.06	\$.72
Salaries.	201.00	204.08	201.28	196.50	210.28	237.49	1,270.63	3.01
Food Supplies.	286.12	274.09	322.13	321.65	568.98	444.64	2,217.61	5.25
Heat, Light and Water.	31.18	33.44	89.68	320.13	36.23	61.77	503.43	1.33
Medical Supplies. ....	.35	32.56	26.00	29.41	39.20	65.44	192.96	.47
Dry Goods and Household Supplies.	55.23	16.16	35.46	34.54	3.74	74.78	219.91	.50
Farm.	78.79	73.25	83.35	64.45	45.50	83.45	438.79	1.02
Renewals and Repairs.	4.00	10.12	8.68	39.90	51.62	94.52	208.84	.49
Totals.	\$715.57	\$693.22	\$783.64	\$1,029.03	\$1,037.05	\$1,146.72	\$5,405.23	\$12.79
Total number of days of treatment.	424	457	487	451	496	642	2957	
Average patients in residence.	14	15	16	15	16	21	16	
Average cost per patient per week.	\$11.81	\$10.62	\$11.26	\$15.97	\$14.63	\$12.33	\$12.79	

*Payments on December accounts made in January and therefore included in statement of following year.

COST OF MAINTENANCE—EDWARD SANATORIUM—DECEMBER 1, 1907 TO DECEMBER 1, 1908

	Dec., '07	January	February	March	April	May	June	July	August	September	October	November	Totals	Per Pa- tient per Week
Gen. Administrative Exp.	\$86.48	\$51.98	\$52.77	\$51.35	\$45.95	\$34.70	\$56.67	\$43.49	\$26.27	\$56.38	\$46.52	\$41.20	\$573.76	.428
Salaries.	377.20	250.00	274.48	280.40	307.00	276.66	281.46	314.09	320.00	310.00	303.96	305.00	3600.25	2.685
Food Supplies.	610.76	374.50	521.98	522.51	388.24	408.34	425.77	564.87	451.44	568.05	589.76	641.02	6067.24	4.525
Dry G. and H-H Sup.	83.26	158.97	30.75	42.07	10.25	98.47	1.16	56.22	4.18	14.26	114.25	80.03	693.87	.519
Heat, Light and Water.	93.27	39.59	52.21	107.37	105.10	53.99	65.07	311.34	32.18	36.83	24.35	13.36	934.66	.697
Medical Supplies.	24.42	15.23	52.33	52.98	16.48	26.67	42.27	43.44	10.19	56.77	37.71	66.53	445.02	.331
Farm.	45.75	40.65	130.79	148.30	121.13	85.25	108.91	93.39	112.25	79.10	57.45	61.02	1083.99	.808
Renewals and Repairs.	37.06	31.62	40.22	48.98	49.98	106.30	144.50	169.54	8.76	13.75	36.73	34.68	731.12	.545
TOTALS.	\$1338.20	\$902.54	\$1164.53	\$1253.96	\$1044.13	\$1090.38	\$1125.81	\$1596.38	\$965.27	\$1135.14	\$1210.73	\$1242.84	\$14129.91	\$10.54
Total number of days of treat- ment.	751	778	740	745	763	815	792	853	799	712	751	886	9385	
Average patients in residence.	24.2	25.1	25.5	24.03	25.4	26.3	26.4	27.5	25.8	23.7	24.2	29.5	25.6	
Average cost per patient per week.	\$12.47	\$8.66	\$11.01	\$11.78	\$9.48	\$9.36	\$9.95	\$13.10	\$8.46	\$11.16	\$11.28	\$9.71	\$10.54	

COST OF MAINTENANCE—EDWARD SANATORIUM—DECEMBER 1, 1908 TO DECEMBER 1, 1909.

	Dec. '08	January	February	March	April	May	June	July	August	September	October	November	Totals	Per Patient Per Week
Gen. Administrative Exp.	\$ 60.65	\$ 17.95	\$ 57.87	\$ 28.29	\$ 69.86	\$ 72.85	\$ 60.37	\$ 52.55	\$ 79.56	\$ 55.11	\$ 29.90	\$ 71.70	\$ 856.66	.309
Salaries.	305.00	305.00	324.25	315.00	316.90	321.00	255.88	284.90	280.00	308.62	284.92	285.50	3586.97	2.180
Food Supplies.	465.74	507.34	563.18	467.42	464.06	536.63	497.04	618.46	646.10	601.53	590.45	592.83	6559.78	3.989
Dry Goods & Household Sup.	5.35	30.05	.50	28.14	73.52	52.39	24.13	40.52	35.10	46.72	19.58	20.92	376.92	.229
Heat, Light & Water.	159.78	167.03	39.95	107.50	91.60	60.19	22.16	393.29	49.56	431.85	6.85	15.10	1544.86	.939
Medical Supplies.	26.50	9.03	59.40	40.52	22.81	39.18	40.74	36.96	36.94	53.25	18.19	30.42	422.04	.257
Farm.	127.20	55.00	51.80	57.10	111.88	105.38	138.98	126.66	121.05	89.06	94.80	121.30	1290.21	.729
Renovals and Repairs.	235.99	50.86	111.99	63.28	41.25	110.77	83.53	445.78	97.95	17.13	7.43	12.03	1297.99	.788
Totals.	\$1406.21	\$1142.26	\$1208.94	\$1107.25	\$1191.86	\$1298.39	\$1131.83	\$1990.12	\$1346.26	\$1603.27	\$1061.12	\$1149.80	\$15646.33	\$9.51

Total number of days of treatment 899
 Av. patients in residence 29.
 Av. cost per patient per week. \$11.06

COST OF MAINTENANCE—EDWARD SANATORIUM—DECEMBER 1, 1909 TO DECEMBER 1, 1910.

	Dec. '09	Jan. '10	February	March	April	May	June	July	August	September	October	November	Totals	Per Patient Per Week
Gen. Administrative Exp.	\$ 123.15	\$ 297.84	\$ 120.50	\$ 126.79	\$ 137.35	\$ 143.23	\$ 109.74	\$ 132.26	\$ 97.88	\$ 139.89	\$ 174.10	\$ 138.35	\$ 1741.08	.760
Professional care of Patients.	141.12	119.23	96.57	107.80	187.54	146.61	279.44	198.34	190.38	199.58	212.97	275.33	2163.91	.944
Housekeeping.	247.40	122.24	135.51	133.21	129.61	183.61	134.61	286.35	293.57	218.33	288.76	210.66	2383.95	1.040
Steward's Department	777.41	655.67	663.25	667.92	799.25	734.70	894.39	1042.80	1059.48	1314.20	1091.71	925.26	10586.04	4.622
Gen'l House & Property Exp.	152.11	280.61	229.80	75.13	374.31	320.48	310.89	777.98	119.12	134.30	249.78	245.50	3250.01	1.419
Farm.	77.20	76.20	146.63	70.83	905.38	77.40	121.00	103.65	139.65	57.50	80.92	130.91	1177.27	.514
Laboratory Supplies.						7.95	14.34	16.74	1.91	.35	3.67	2.53	47.49	.020
Totals.	\$1518.48	\$1531.79	\$1392.26	\$1171.68	\$1723.44	\$1613.98	\$1834.41	\$2558.12	\$1910.99	\$2064.15	\$2101.91	\$1925.54	\$21349.75	\$9.32

Total number of days of treatment 1033
 Average patients in residence 33.
 Av. cost per patient per week \$10.280

EDWARD SANATORIUM—COMPARATIVE STATEMENT

Showing increasing service and decreasing operating expense for periods ending December 1, 1907; December 1, 1908; December 1, 1909; and December 1, 1910.

	1907 June 1 to Dec. 1st (6 months)	1908 Dec. 1, 1907 to Dec. 1, 1908 (1 year)	1909 Dec. 1, 1908 to Dec. 1, 1909 (1 year)	1910 Dec. 1, 1909 to Dec. 1, 1910 (1 year)
Total operating expense . . .	\$5,405.23	\$14,129.91	\$15,646.33	\$21,349.75
Number of patient days. . .	2957	9385	11516	16032
Average patients in residence.	16	26	32	43
Average cost per patient per day.	\$1.827	\$1.506	\$1.360	\$1.331
Average cost per patient per week.	\$12.79	\$10.54	\$9.51	\$9.32

ADMISSIONS AND DISCHARGES

1907—1910

	1907	1908	1909	1910	TOTAL
Admitted	59	102	102	143	406
Discharged	35	98	100	123	356

FORM OF BEQUEST

I give and bequeath to the EDWARD SANATORIUM, Naperville, Ill., a department of the CHICAGO TUBERCULOSIS INSTITUTE, a corporation organized under the laws of the State of Illinois, the sum of _____ dollars.

In contributing to the Sanatorium follow the form below:

DAVID R. FORGAN, TREASURER,
Chicago Tuberculosis Institute,
157 West Adams Street, Chicago, Ill.

Please find enclosed \$ _____, a contribution to the general funds of the EDWARD SANATORIUM, Naperville, Illinois, Department of the CHICAGO TUBERCULOSIS INSTITUTE.

Please state address to facilitate acknowledgement.
In contributing to any special fund of the Sanatorium or for any specific purpose, please specify same.

The special funds of the Sanatorium are as follows:

Sanatorium Building Fund,	Patients' Board Fund,
Endowed Beds,	Supported Beds,
Laboratory Fund,	Library Fund.

See chapter on the needs of the Sanatorium page 67.

The Chicago Tuberculosis Institute

The Central Headquarters
of the Anti-Tuberculosis Propaganda in Chicago

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1910

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Central Office: Room 411, Rand-McNally Bldg., 157 West Adams St.

Telephone Main 1466.

FRANK E. WING, Superintendent.

